
Tables Manual

Introduction

The Tables Manual is used as a reference guide to help operational users understand and interpret the various codes that appear throughout the AIM system.

The Tables Manual is a working document. Therefore, as time passes, tables or their corresponding values may be added, deleted, or changed. All table values have been approved by the State.

276/277 Transaction - Product or Service ID Qualifier

Last Change Date: 10/15/03

Code	Description
AD	American Dental Association Codes
CI	Common Language Equipment Identifier
HC	Health Care Financing Administration Common Procedural Coding System (HCPCS)
ID	International Classification of Diseases Clinical Modification (ICN-9-CM) Procedure
IV	Home Infusion EDI Coalition (HIEC) Product/Service Code
N1	National Drug Code in 4-4-2 Format
N2	National Drug Code in 5-3-2 Format
N3	National Drug Code in 5-4-1 Format
N4	National Drug Code in 5-4-2 Format
ND	Nation Drug Code (NDC)
NH	National Health Related Item Code
NU	National Uniform Billing Committee (NUBC) UB92 Codes
RB	National Uniform Billing Committee (NUBC) UB82 codes



Abortion Services

Last Change Date: 06/04/96; Table Format Revision 04/19/05

CPT Procedure Codes			
58102	59821	59850	59856
59100	59830	59851	59857
59812	59840	59852	59857
59820	59841	59855	

ICD-9 Procedure Codes			
690	6909	6952	7491
6901	695	6959	750
6902	6951	6993	9649

Diagnosis Codes:	
Any diagnosis in the following series:	
631	636
632	637
634	638
635	639

Accident Codes

Last Change Date: 06/04/96: Revision For Table Format 04/19/05

Professional Claims	
Auto	
1	Yes
2	No
Employment	
1	Yes
2	No
Other	
1	Yes
2	No

Institutional Claims	
Accident Related Code	
01	Auto Accident
02	No Fault Insurance
03	Accident/Tort Liability
04	Accident/Employment Related
05	Other Accident
06	06 Crime Victim
07-08	Reserved
Medical Condition Codes	
09	Start of Infertility Treatment Cycle
10	Last Menstrual Period
11	Onset of Symptoms/Illness
Respite Care (HHA Only)	
12	Date of Onset for a Chronically Dependent Individual
13-16	Reserved
Insurance Related Codes	
17	Date Outpatient Occupational Therapy Plan Established or Last Reviewed

18	Date of Retirement Patient/Beneficiary
19	Date of Retirement Spouse
20	Guarantee of Payment Began
21	UR Notice Received
22	Date Active Care Ended
23	Reserved
24	Date Insurance Denied
25	Date Benefits Terminated By Primary Payer
26	Date SNF Bed Available
27	Date Home Health Plan Established or Last Reviewed
28	Date Comprehensive Outpatient Rehabilitation Plan Established or Last Reviewed
29	Date Outpatient Physical Therapy Plan Established or Last Reviewed
30	Date Outpatient Speech Pathology Plan Established or Last Reviewed
31	Date Beneficiary Notified of Intent to Bill (Accommodations)
32	Date Beneficiary Notified of Intent to Bill (Procedures or Treatments)
33	First Day of the Medicare Coordination Period for ESRD Beneficiaries Covered
34	Date of election of extended care facilities
35	Date treatment started for P.T.
36	Date of inpatient hospital discharge for covered transplant patients
37	Date of Inpatient Hospital Discharge for Non-covered transplant Patient
38	Date treatment Started for Home IV Treatment
39	Date discharged on a continuous course of IV therapy
40	Scheduled Date of Admission
41	Date of First Test for Pre-Admission Testing
42	Date of Discharge
43	Scheduled Date of Concealed Surgery
44	Date treatment started for OT
45	Date treatment started for S.T.
46	Date treatment started for Cardiac Rehabilitation
47-49	Payer Codes
50-69	Reserved for State Assignment
70-99	Occurrence Span Codes and Dates

Accommodation Codes

Last change date: 06/04/96; Revised as Table Format 04/19/05

Code	Description
100	All Inclusive Room-Board (Not Covered)
101	All Inclusive Room-Board
110	Private
111	Medical/Surgical/Gyn
112	Obstetric
113	Pediatric
114	Psychiatric
115	Hospice (Not Covered)
116	Detoxification
117	Oncology
118	Rehabilitation
119	Other (Not Covered)
120	Room and Board, Semi-Private
121	Medical/Surgical/Gyn
122	Obstetric
123	Pediatric
124	Psychiatric
125	Hospice
126	Detoxification
127	Oncology
128	Rehabilitation
129	Other (Not Covered)
130	Semi-Private Days
131	Medical/Surgical/Gyn
132	Obstetric
133	Pediatric
134	Psychiatric
135	Hospice
136	Detoxification
137	Oncology

Code	Description
138	Rehabilitation
139	Other (Not Covered)
140	Private (Luxury)
141	Medical/Surgical/Gyn
142	Obstetric
143	Pediatric
144	Psychiatric
145	Hospice
146	Detoxification
147	Oncology
148	Rehabilitation
149	Other (Not Covered)
150	Room and Board, Ward
151	Medical/Surgical/Gyn
152	Obstetric
153	Pediatric
154	Psychiatric
155	Hospice
156	Detoxification
157	Oncology
158	Rehabilitation
159	Other (Not Covered)
160	Other Room and Board (Not Covered)
164	Room and Board, Sterile Environment
167	Self Care (Not Covered)
169	Other (Not Covered)
170	Nursery
171	Newborn
172	Premature
175	Neo-Natal Intensive Care Unit (NICU)
179	Other (Not Covered)
180	LOA (Not Covered)
181	Reserved (Not Covered)
182	Patient Convenience (Not Covered)

Code	Description
183	Therapeutic Leave (Not Covered)
184	ICF/MR Any Reason (Not Covered)
185	Nursing Home (for hospital) (Not Covered)
189	Other Leave of Absence (Not Covered)
200	Intensive Care Unit (ICU)
201	Surgical
202	Medical
203	Pediatrics
204	Psychiatric
205	Post ICU
206	Burn Care
207	Trauma
209	Other Intensive Care (Not Covered)
210	Coronary Care Unit (CCU)
211	Myocardial Infarction
212	Pulmonary Care
213	Heart Transplant
214	Post CCU (Not Covered)
219	Other Coronary Care (Not Covered)

Account Types

Last Change Date: 05/30/96; Revision into table format 04/01/05

Code	Description
P	PROVIDER
R	CLIENT
C	CARRIER
I	INSURANCE PREMIUM CARRIER
D	DRUG MANUFACTURER

Accounts Payable Status

Last Change Date: 05/30/96; Revised into table format 04/01/05

Code	Description
14	ACTIVE
15	COMPLETE
17	DELETE
23	VOID
24	FISCAL PEND

Accounts Receivable Status

Last Change Date: 05/30/96: Revised into Table Format 04/19/05

Code	Description
01	Billed in Process - Used when the A/R is in the monthly billing cycle
02	Rebilled
06	Pend - Do Not Bill
14	Active - Used primarily in Financial, TPR uses it to indicate the Recovery has been set-up but not processed.
15	Complete
17	Delete

ACTIVITY OF DAILY LIVING (REWA)

Last Change Date: 06/04/96; Revised into table format 04/19/05

Code	Description
01	No Human Help in ADL's (Least Disabled)
02	Human Help in Mobility Only
03	Minimal Help (Cues)
04	Human Help in Bathing/Dressing
05	Human Help in Toilet and/or Eating (Most Disabled)
06	Training Program(s)
07	Total Assist

ADA COUNTY TAPE

The Ada County Tape files contain monthly information on Level III prices and procedure/modifier combinations. These tapes provide Ada County with the information necessary to price their county claims. Two (2) years worth of information are included in the tapes.

Comparison of the Current Interface to the AIM Interface: The Ada County Interface was produced in Legacy System, but has not been produced in the AIM system.

Data Interface Frequency

The Ada County Interface will be produced monthly.

Data Interface

File/Table Name	Usage
t_proc	Input Tape
t_proc_level_3_prc	Input Tape
t_proc_x_proc_mod	Input Tape

Extract File Layout - Procedure Code Extract

Field Description	Data Type / Size
Procedure code	Char (7)
Procedure code short description	Char (35)
Modifier request indicator	Char (1)
Type service code	Char (1)
Detail status	Char (1)
Price effective date	Double (8)
Price end date	Double (8)
Max allowed amount	Float (10)
Technical component	Float (7)
Professional component	Float (7)
Procedure code modifier 1	Char (2)
Procedure code modifier 2	Char (2)
Procedure code modifier 3	Char (2)

Extract File Layout - Modifier Code Extract

Field Description	Data Type / Size
Procedure code modifier	Char (2)
Procedure modifier description	Char (80)
Detail status	Char (1)
Modifier effective date	Double (8)
Modifier end date	Double (8)
Pricing action code	Char (1)
Procedure modifier percentage	Float (7)
Procedure modifier amount	Float (10)

Media: Ada County will receive the transactions on 3480 tape.

Contacts

EDS Contact	DHW Contact	External Contact
Eric Neely	None	Doug Heikkela
Systems Engineer		Systems Ada County
208-395-2033		364-2075

ADDRESS TYPE

Last Change Date: 04/28/97; Revised into table format 04/01/05

Code	Description
Provider	
01	Pay-To
02	Mail To
03	Billing Service
04	Service Location
13	Contact Person
14	Home Office
15	Correspondence Only
Drug Rebate	
05	Invoice
06	Financial
07	Legal
12	General
TPR	
08	Carrier Bill To/Payment
09	Carrier Correspondence
11	Employer
13	Contact Person

ADDRESS TYPE (CLIENT)

Last Change Date: 06/04/96; Revised into table format 04/01/05

Code	Description
M	Mailing
R	Residence

Adjustment Reason Codes

Last updated 05/05/04; Revision 04/19/05 for table format

As of 10/07/02, these codes replace the codes on the TPR EOB Codes table.

Code	Description	Electronic By Pass	Over Ride	Deny
1	Deductible Amount	X	X	
2	Coinsurance Amount	X	X	
3	Co-payment Amount	X	X	
4	The procedure code is inconsistent with the modifier used or a required modifier is missing.			X
5	The procedure code/bill type is inconsistent with the place of service.			X
6	The procedure/revenue code is inconsistent with the patient's age.			X
7	The procedure/revenue code is inconsistent with the patient's gender.			X
8	The procedure code is inconsistent with the provider type/specialty (taxonomy).			X
9	The diagnosis is inconsistent with the patient's age.			X
10	The diagnosis is inconsistent with the patient's gender.			X
11	The diagnosis is inconsistent with the procedure.			X
12	The diagnosis is inconsistent with the provider type.			X
13	The date of death precedes the date of service.			X
14	The date of birth follows the date of service.			X
15	Payment adjusted because the submitted authorization number is missing, invalid, or does not apply to the billed services or provider.	X	X	
16	Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate			X
17	Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate.			X

Code	Description	Electronic By Pass	Over Ride	Deny
18	Duplicate claim/service.			X
19	Claim denied because this is a work-related injury/illness and thus the liability of the Worker's Compensation Carrier.			X
20	Claim denied because this injury/illness is covered by the liability carrier.			X
21	Claim denied because this injury/illness is the liability of the no-fault carrier.			X
22	Payment adjusted because this care may be covered by another payer per coordination of benefits.			X
23	Payment adjusted because charges have been paid by another payer.			X
24	Payment for charges adjusted. Charges are covered under a capitation agreement/managed care plan.			X
25	Payment denied. Your Stop loss deductible has not been met.	X	X	
26	Expenses incurred prior to coverage.	X	X	
27	Expenses incurred after coverage terminated.	X	X	
28	OPEN			
29	The time limit for filing has expired.	X	X	
30	Payment adjusted because the patient has not met the required eligibility, spend down, waiting, or residency requirements.	X	X	
31	Claim denied as patient cannot be identified as our insured.	X	X	
32	Our records indicate that this dependent is not an eligible dependent as defined.	X	X	
33	Claim denied. Insured has no dependent coverage.	X	X	
34	Claim denied. Insured has no coverage for newborns.	X	X	
35	Benefit maximum has been reached.	X	X	
38	Services not provided or authorized by designated (network/primary care) providers.			X
39	Services denied at the time authorization/pre-certification was requested.			X
40	Charges do not meet qualifications for emergent/urgent care.	X	X	
41	OPEN			
42	Charges exceed our fee schedule or maximum allowable amount.	X	X	
43	Gramm-Rudman reduction.	X	X	

Code	Description	Electronic By Pass	Over Ride	Deny
44	Prompt-pay discount.			X
45	Charges exceed your contracted/ legislated fee arrangement.	X	X	
46	OPEN			
47	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.			X
48	OPEN			
49	These are non-covered services because this is a routine exam or screening procedure done in conjunction with a routine exam.	X	X	
50	These are non-covered services because this is not deemed a 'medical necessity' by the payer.	X	X	
51	These are non-covered services because this is a pre-existing condition	X	X	
52	The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.	X	X	
53	Services by an immediate relative or a member of the same household are not covered.	X	X	
54	Multiple physicians/assistants are not covered in this case.	X	X	
55	Claim/service denied because procedure/treatment is deemed experimental/investigational by the payer.	X	X	
56	Claim/service denied because procedure/treatment has not been deemed 'proven to be effective' by the payer.	X	X	
57	Payment denied/reduced because the payer deems the information submitted does not support this level of service, this many services, this length of service, this dosage, or this day's supply.	X	X	
58	Payment adjusted because treatment was deemed by the payer to have been rendered in an inappropriate or invalid place of service.	X	X	
59	Charges are adjusted based on multiple surgery rules or concurrent anesthesia rules.	X	X	
60	Charges for outpatient services with this proximity to inpatient services are not covered.	X	X	
61	Charges adjusted as penalty for failure to obtain second surgical opinion.	X	X	
62	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.			X

Code	Description	Electronic By Pass	Over Ride	Deny
63	OPEN			
64	OPEN			
65	OPEN			
66	Blood Deductible.	X	X	
67	OPEN			
68	OPEN			
69	Day outlier amount.	X	X	
70	Cost outlier - Adjustment to compensate for additional costs.	X	X	
71	OPEN			
72	Coinsurance day			X
73	Administrative days			X
74	Indirect Medical Education Adjustment.	X	X	
75	Direct Medical Education Adjustment.	X	X	
76	Disproportionate Share Adjustment.	X	X	
77	OPEN			
78	Non-Covered days/Room charge adjustment.	X	X	
79	OPEN			
80	OPEN			
81	OPEN			
82	OPEN			
83	OPEN			
84	OPEN			
85	Interest amount.			X
86	OPEN			
87	Transfer amount.			X
88	Adjustment amount represents collection against receivable created in prior overpayment.			X
89	Professional fees removed from charges.			X
90	Ingredient cost adjustment.			X
91	Dispensing fee adjustment.			X
92	OPEN			
93	OPEN			
94	Processed in Excess of charges.			X
95	Benefits adjusted. Plan procedures not followed.			X
96	Non-covered charge(s).	X	X	

Code	Description	Electronic By Pass	Over Ride	Deny
97	Payment is included in the allowance for another service/procedure.	X	X	
98	OPEN			
99	OPEN			
100	Payment made to patient/insured/responsible party.		X	
101	Predetermination: anticipated payment upon completion of services or claim adjudication.			X
102	Major Medical Adjustment.	X	X	
103	Provider promotional discount (e.g., Senior citizen discount).			X
104	Managed care withholding.	X	X	
105	Tax withholding.			X
106	Patient payment option/election not in effect.			X
107	Claim/service denied because the related or qualifying claim/service was not previously paid or identified on this claim.			X
108	Payment reduced because rent/purchase guidelines were not met.			X
109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.			X
110	Billing date predates service date.			X
111	Not covered unless the provider accepts assignment.			X
112	Payment adjusted as not furnished directly to the patient and/or not documented.			X
113	Payment denied because service/procedure was provided outside the United States or as a result of war.	X	X	
114	Procedure/product not approved by the Food and Drug Administration.			X
115	Payment adjusted as procedure postponed or canceled.			X
116	Payment denied. The advance indemnification notice signed by the patient did not comply with requirements.			X
117	Payment adjusted because transportation is only covered to the closest facility that can provide the necessary care.	X	X	
118	Charges reduced for ESRD network support.			X
119	Benefit maximum for this time period or occurrence has been reached.	X	X	
120	OPEN			

Code	Description	Electronic By Pass	Over Ride	Deny
121	Indemnification adjustment.	X	X	
122	Psychiatric reduction.	X	X	
123	OPEN			
124	OPEN			
125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	X	X	
126	Deductible -- Major Medical	X	X	
127	Coinsurance -- Major Medical	X	X	
128	Newborn's services are covered in the mother's Allowance.	X	X	
129	Payment denied - Prior processing information appears incorrect.	X	X	
130	Claim submission fee.			X
131	Claim specific negotiated discount.			X
132	Prearranged demonstration project adjustment.			X
133	The disposition of this claim/service is pending further review.			X
134	Technical fees removed from charges.	X	X	
135	Claim denied. Interim bills cannot be processed.			X
136	Claim Adjusted. Plan procedures of a prior payer were not followed.	X	X	
137	Payment/Reduction for Regulatory Surcharges, Assessments, Allowances or Health Related Taxes.			X
138	Claim/service denied. Appeal procedures not followed or time limits not met.			X
139	Contracted funding agreement - Subscriber is employed by the provider of services.			X
140	Patient/Insured health identification number and name do not match.			X
141	Claim adjustment because the claim spans eligible and ineligible periods of coverage.			X
142	Claim adjusted by the monthly Medicaid patient liability amount.			X
143	Portion of payment deferred.			X
144	Incentive adjustment, e.g. preferred product/service.			X
145	Premium payment withholding. <i>New as of 6/2002.</i>			

Code	Description	Electronic By Pass	Over Ride	Deny
146	Payment denied because the diagnosis was invalid for the date(s) of service reported. <i>New as of 6/2002.</i>			
147	Provider contracted/negotiated rate expired or not on file. <i>New as of 6/2002.</i>			
148	Claim/service rejected at this time because information from another provider was not provided or was insufficient/incomplete. <i>New as of 6/2002.</i>			
149	Lifetime benefit maximum has been reached for this service/benefit category. <i>New as of 10/2002.</i>			
150	Payment adjusted because the payer deems the information submitted does not support this level of service. <i>New as of 10/2002.</i>			
151	Payment adjusted because the payer deems the information submitted does not support this many services. <i>New as of 10/2002.</i>			
152	Payment adjusted because the payer deems the information submitted does not support this length of service. <i>New as of 10/2002.</i>			
153	Payment adjusted because the payer deems the information submitted does not support this dosage. <i>New as of 10/2002.</i>			
154	Payment adjusted because the payer deems the information submitted does not support this day's supply. <i>New as of 10/2002.</i>			
155	This claim is denied because the patient refused the service/procedure. <i>New as of 6/2002.</i>			
156	Flexible spending account payments. <i>New as of 9/2003.</i>			
157	Payment denied/reduced because service/procedure was provided as a result of an act of war. <i>New as of 9/2003.</i>			
158	Payment denied/reduced because the service/procedure was provided outside of the United States. <i>New as of 9/2003.</i>			
159	Payment denied/reduced because the service/procedure was provided as a result of terrorism. <i>New as of 9/2003.</i>			
160	Payment denied/reduced because injury/illness was the result of an activity that is a benefit exclusion. <i>New as of 9/2003.</i>			
161	Provider performance bonus. <i>New as of 2/2004.</i>			

Code	Description	Electronic By Pass	Over Ride	Deny
162	State-mandated Requirement for Property and Casualty, see Claim Payment Remarks Code for specific explanation. <i>New as of 2/2004.</i>			
A0	Patient refund amount.			X
A1	Claim denied charges.			X
A2	Contractual adjustment. <i>Note: Inactive for version 004060. Use Code 45 with Group Code 'CO' or use another appropriate specific adjustment code.</i>	X	X	
A3	OPEN			
A4	Medicare Claim PPS Capital Day Outlier Amount.	X	X	
A5	Medicare Claim PPS Capital Cost Outlier Amount.	X	X	
A6	Prior hospitalization or 30 day transfer requirement not met.	X	X	
A7	Presumptive Payment Adjustment	X	X	
A8	Claim denied; ungroupable DRG	X	X	
B1	Non-covered visits.	X	X	
B2	OPEN			
B3	OPEN			
B4	Late filing penalty.			X
B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	X	X	
B6	This payment is adjusted when performed/billed by this type of provider, by this type of provider in this type of facility, or by a provider of this specialty.	X	X	
B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service.	X	X	
B8	Claim/service not covered/reduced because alternative services were available, and should have been utilized.	X	X	
B9	Services not covered because the patient is enrolled in a Hospice.	X	X	
B10	Allowed amount has been reduced because a component of the basic procedure/test was paid. The beneficiary is not liable for more than the charge limit for the basic procedure/test.	X	X	

Code	Description	Electronic By Pass	Over Ride	Deny
B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.			X
B12	Services not documented in patients' medical records.			X
B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.			X
B14	Payment denied because only one visit or consultation per physician per day is covered.	X	X	
B15	Payment adjusted because this procedure/service is not paid separately.	X	X	
B16	Payment adjusted because 'New Patient' qualifications were not met.	X	X	
B17	Payment adjusted because this service was not prescribed by a physician, not prescribed prior to delivery, the prescription is incomplete, or the prescription is not current.	X	X	
B18	Payment denied because this procedure code/modifier was invalid on the date of service or claim submission.	X	X	
B19	OPEN			
B20	Payment adjusted because procedure/service was partially or fully furnished by another provider.	X	X	
B21	OPEN			
B22	This payment is adjusted based on the diagnosis.	X	X	
B23	Payment denied because this provider has failed an aspect of a proficiency testing program.			X
W1	Workers Compensation State Fee Schedule Adjustment			X

Admission Source Codes

Last Change Date: 04/09/03

Code	Description
1	Physician referral
2	Clinic referral
3	HMO referral
4	Transfer from a hospital
5	Transfer from a skilled nursing facility
6	Transfer from another health care facility
7	Emergency room
8	Court/Law enforcement
9	Information not available – not accepted by Medicaid
A	Transfer from a critical access hospital
Code Structure (for Newborn)	
1	Normal delivery
2	Premature delivery
3	Sick baby
4	Extramural birth

Admission Type Codes

Last Change Date: 04/09/03

Code	Description
1	Emergency
2	Urgent
3	Elective
4	Newborn
9	Information Not Available

Aid Category Codes – Federal

Updated 7/1/2004

MAINTENANCE ASSISTANCE STATUS (MAS) (Effective FFY1997/1998)	
0	Individual was not Eligible for Medicaid this month
1	Receiving Cash Assistance
2	Medically Needy
3	Poverty Related
4	Other
9	Status is unknown

BASIS OF ELIGIBILITY (BOE) (Effective FFY1997/1998)	
0	Individual was not eligible for Medicaid at any time during the month
1	Aged individual
2	Blind/Disabled individual
3	Not used
4	AFDC or Poverty Child
5	AFDC or Poverty Adult
6	AFDC – U Child
7	AFDC – U Adult
8	Foster Care Child
9	Eligibility status Unknown (counts against error tolerance)

FEDERAL AID CATEGORY DESCRIPTION	CODE
CHIP-B	
Non-Medicaid CHIP Title XXI	00
Individual Receiving Cash Assistance	
Aged	11
Blind/Disabled	12
AFDC Children (Ages 0-17)	14
AFDC Adult (Ages 18 and up)	15
AFDC Unemployed/Children (Ages 0 thru 17) Not used after 12/31/1999	16
AFDC Unemployed/Adults (Ages 18 and up)	17

FEDERAL AID CATEGORY DESCRIPTION	CODE
Poverty Related Eligibles	
Aged	31
Blind/Disabled	32
Children (Ages 0 thru 18)	34
Adults (Ages 19 and up)	35
Other Eligibles	
Aged	41
Blind/Disabled	42
Children (Ages 0 thru 18)	44
Adults (Ages 19 and up)	45
Foster Care Children	48

Aid Category Codes - State

Last Change Date: 07/01/04

Code	Description
10	Old Age Assistance - Receiving Cash
20	Aid to the Blind - Receiving Cash
30	Aid to Dependent Children – Receiving Cash
31	Refugee Medical – Receiving Cash
36	Aid to Dependent Children – Foster Care
40	Aid to Permanently and Totally Disabled Under 65 – Receiving Cash
51	Medical Only - Old Age Assistance
52	Medical Only – Aid to the Blind
53	Aid to Dependent Children
54	Aid to Permanently and Totally Disabled
55	Katie Beckett
56	Refugee Medical
57	Qualified Parent
58	Qualified Child – CHIP-A
61	Foster Care
65	Silent Foster Care
66	Presumptive Eligible
67	Pregnant Woman and Children
68	Qualified Medicare Beneficiaries
69	PWC Children
70	Qualified Child – CHIP-B
90	Transitional Medicaid (1 st Six Months)
91	Transitional Medicaid (2 nd Six Months)
92	AFDC Unemployed Parent
93	AFDC Unemployed Parent – With Cash Assistance

Aid Category Codes: MMIS To EPICS Cross-Reference

Last Change Date: 07/01/04; Revised to show gridlines 04/04/05

MMIS	New Code EPICS/AIM	EPICS Code	Description
10	ME	ME/OA/SS	Old Age Assistance (also receives cash assistance)
20	ME	ME/AB/SS	Aid to the Blind (also receives cash assistance)
30	MA	MA/AF	Aid to Families to Dependent Children (AFDC, also receives cash assistance)
31	RM	RM/RE	Refugee Medical (also receives cash assistance)
36	FA	FA	Foster Care
40	ME	ME/AD/SS	Aid to Permanently and Totally Disabled (APTD, also receives cash assistance)
51	ME	ME/OA	Old Age Assistance
52	ME	ME/AB	Aid to the Blind
53	MA	MA	Aid to Families with Dependent Children (AFDC)
54	ME	ME/AD	Aid to Permanently and Totally Disabled (APTD)
55	KB	KB	Katie Beckett (certain disabled children)
56	RM	RM	Refugee Medical
57	QP	QP	Qualified Parent
58	QC	QC	Qualified Child – CHIP-A
59	ME	ME/ES	Extended Services
61	FX	FX	Foster Care
65	FF	FF	Silent Foster Care
66	PE	PE	Presumptive Eligibility (out-patient pregnancy-related only)
67	PW adult	PW	Pregnant Women (pregnancy-related only)
68	QM	QM	Qualified Medicare Beneficiary (pays Medicare co-insurance and deductible only)
69	PW child	PW	PWC Children
70	QC	QC	Qualified Child – CHIP-B
90	MA or MU	TM	Transitional Medicaid - 1 st 6 months (subtype of MA/MU)
91	MA or MU	TE	Transitional Medicaid - 2 nd 6 months (subtype of MA/MU)
92	MU	MU	AFDC Unemployed Parent
93	MU	AU/MU	AFDC Unemployed Parent (also receives cash assistance)

Aid Category Codes Cross-Reference - State And Federal – FFY 1997/1998

Last Change Date: 12/16/98

Title	Budget Aid Code	State Aid Category Code (Program Aid)	Federal Aid Maintenance Assistance Status (MAS)	Federal Aid Basis Of Eligibility (BOE)
Old Age Assistance Receiving Cash	A	10	1	1
Aid to the Blind Receiving Cash	B	20	1	2
Aid to Families with Dependent Children (0-17)	C	30	1	4
Aid to Families with Dependent Children (18-UP)	C	30	1	5
Refugee Medical Receiving Cash - Child (0-18)	C	31	1	4
Refugee Medical Receiving Cash - Adult (19-UP)	C	31	1	5
Aid to Permanently and Totally Disabled under 65 - Receiving Cash	D	40	1	2
Aid to Dependent Children -Foster Care	E	36	4	8
Old Age Assistance - Medical Only	F	51	3	1
Aid to the Blind - Medical Only	G	52	3	2
Aid to Dependent Children (0-18)	H	53	3	4
Aid to Dependent Children (19-UP)	H	53	3	5
Aid to Permanently & Totally Disabled	I	54	3	2
Katie Beckett (Certain Disabled Children)	I	55	4	2
Refugee Medical - Child (0-17)	H	56	3	4
Refugee Medical - Adult (18-UP)	H	56	3	5
Qualified Parent (0-18)	H	57	4	4
Qualified Parent (19-UP)	H	57	4	5
Qualified Child	H	58	4	4
Foster Care	J	61	4	8
Silent Foster Care	L	65	4	8
Presumptive Eligibility (0-18)	M	66	4	4
Presumptive Eligibility (19-UP)	M	66	4	5
Pregnant Woman and Children (0-18)	N	67	4	4
Pregnant Woman and Children (19-UP)	N	67	4	5
Qualified Medicare Beneficiaries	O	68	3	1
PWC Children	T	69	4	4
Transitional Medicaid, 1st 6 Months -Child (0-18)	P	90	4	4
Transitional Medicaid, 1st 6 Months -Adult (19-UP)	P	90	4	5
Transitional Medicaid, 2nd 6 Months - Child (0-18)	Q	91	4	4
Transitional Medicaid, 2nd 6 Months - Child	Q	91	4	5

Title	Budget Aid Code	State Aid Category Code (Program Aid)	Federal Aid Maintenance Assistance Status (MAS)	Federal Aid Basis Of Eligibility (BOE)
(19-UP)				
AFDC Unemployed Parent - Child (0-18)	R	92	4	4
AFDC Unemployed Parent - Adult (19-UP)	R	92	4	5
AFDC Unemployed Parent - Child (0-17) With Cash Assistance	S	93	1	6
AFDC Unemployed Parent - Adult (18-UP) With Cash Assistance	S	93	1	7

Aid Category Codes Cross-Reference State And Federal – FFY 1999

Last Change Date: 04/01/03

Title	Budget Aid Code	State Aid Category Code (Program Aid)	CHIP Code	Federal Aid Maintenance Assistance Status (MAS)	Federal Aid Basis Of Eligibility (BOE)
Old Age Assistance Receiving Cash	A	10	1	1	1
Aid to the Blind Receiving Cash	B	20	1	1	2
Aid to Families with Dependent Children (0-17): Receiving Cash	C	30	1	1	4
Aid to Families with Dependent Children (18-UP): Receiving Cash	C	30	1	1	5
Aid to Permanently and Totally Disabled under 65 - Receiving Cash	D	40	1	1	2
Aid to Dependent Children - Foster Care	E	36	1	4	8
Old Age Assistance - Medical Only	F	51	1	4	1
Aid to the Blind - Medical Only	G	52	1	4	2
Aid to Dependent Children (0-18)	H	53	1	4	4
Aid to Dependent Children (19-UP)	H	53	1	4	5
Aid to Permanently & Totally Disabled	I	54	1	1	2
Katie Beckett (Certain Disabled Children)	I	55	1	4	2
Qualified Parent (0-18)	H	57	1	4	4
Qualified Parent (19-UP)	H	57	1	4	5
CHIP	H	58	2	3	4
Foster Care	J	61	1	4	8
Silent Foster Care	L	65	1	4	8
Presumptive Eligibility (0-18)	M	66	1	4	4
Presumptive Eligibility (19-UP)	M	66	1	4	5
Pregnant Woman and Children (0-18)	N	67	1	3	4
Pregnant Woman and Children (19-UP)	N	67	1	3	5

Title	Budget Aid Code	State Aid Category Code (Program Aid)	CHIP Code	Federal Aid Maintenance Assistance Status (MAS)	Federal Aid Basis Of Eligibility (BOE)
Qualified Medicare Beneficiaries – Elderly (65 and Older)	O	68	1	3	1
Qualified Medicare Beneficiaries – Adult (under 65)	O	68	1	3	2
PWC Children	T	69	1	3	4
Transitional Medicaid, 1st 6 Months -Child (0-18)	P	90	1	4	4
Transitional Medicaid, 1st 6 Months -Adult (19-UP)	P	90	1	4	5
Transitional Medicaid, 2nd 6 Months - Child (0-18)	Q	91	1	4	4
Transitional Medicaid, 2nd 6 Months - Child (19-UP)	Q	91	1	4	5
AFDC Unemployed Parent - Child (0-18)	R	92	1	4	4
AFDC Unemployed Parent - Adult (19-UP)	R	92	1	4	5
AFDC Unemployed Parent - Child (0-17) With Cash Assistance	S	93	1	1	4
AFDC Unemployed Parent - Adult (18-UP) With Cash Assistance	S	93	1	1	7

Aid Category Codes Cross-Reference State And Federal FFY 2004

Last Change Date: 07/01/2004; Revised title row format 04/04/05

Title	Budget Aid Code	State Aid Category Code (Program Aid)	CHIP Code	Federal Aid Maintenance Assistance Status (MAS)	Federal Aid Basis of Eligibility (BOE)
Old Age Assistance Receiving Cash	A	10	1	1	1
Aid to the Blind Receiving Cash	B	20	1	1	2
Aid to Families with Dependent Children (0-17): Receiving Cash	C	30	1	1	4
Aid to Families with Dependent Children (18-UP): Receiving Cash	C	30	1	1	5
Aid to Dependent Children -Foster Care	E	36	1	4	8
Aid to Permanently and Totally Disabled under 65 - Receiving Cash	D	40	1	1	2
Old Age Assistance - Medical Only	F	51	1	4	1
Aid to the Blind - Medical Only	G	52	1	4	2
Aid to Dependent Children (0-18)	H	53	1	4	4
Aid to Dependent Children (19-UP)	H	53	1	4	5
Aid to Permanently & Totally Disabled	I	54	1	1	2
Katie Beckett (Certain Disabled Children)	I	55	1	4	2
Qualified Parent (0-18)	H	57	1	4	4
Qualified Parent (19-UP)	H	57	1	4	5
CHIP-A	H	58	2	3	4
Foster Care	J	61	1	4	8
Silent Foster Care	L	65	1	4	8
Presumptive Eligibility (0-18)	M	66	1	4	4
Presumptive Eligibility (19-UP)	M	66	1	4	5
Pregnant Woman and Children (0-18)	N	67	1	3	4
Pregnant Woman and Children (19-UP)	N	67	1	3	5
Qualified Medicare Beneficiaries – Elderly (65 and Older)	O	68	1	3	1
Qualified Medicare Beneficiaries – Adult (under 65)	O	68	1	3	2
PWC Children	T	69	1	3	4
CHIP-B	H	70	3	0	0
Transitional Medicaid, 1st 6 Months -Child (0-18)	P	90	1	4	4
Transitional Medicaid, 1st 6 Months -Adult (19-UP)	P	90	1	4	5
Transitional Medicaid, 2nd 6 Months - Child (0-18)	Q	91	1	4	4
Transitional Medicaid, 2nd 6 Months - Child (19-UP)	Q	91	1	4	5
AFDC Unemployed Parent - Child (0-18)	R	92	1	4	4
AFDC Unemployed Parent - Adult (19-UP)	R	92	1	4	5
AFDC Unemployed Parent - Child (0-17) With Cash Assistance	S	93	1	1	4
AFDC Unemployed Parent - Adult (18-UP) With Cash Assistance	S	93	1	1	7

Ambulation Status (REWA)

Last Change Date: 06/04/96; Revised table format 04/01/05

Code	Description
0	Ambulatory
1	AMB w/Cane/Walker
2	AMB w/Wheelchair
3	Electric Wheelchair
4	Bedfast; Bed to Chair

Attachment Transmission Codes

Last Change Date: 04/11/03

Code	Description
AA	Available on request at provider site
BM	By mail
EL	Electronically only (not accepted by Medicaid)
EM	E-mail
FX	By fax



Batch Range Restrictions Per Claim Type

Last Change Date: 05/22/97; Revised table format 04/04/05

Claim Type	Symbol	# Lines/Claim	Batch Range	Pages/Batch
Inst. Part B X-over	X		001-008	50
Prof X-over	Y		009-024	50
Inst. Part A X-over	W		025-049	50
HCFA-1500	M		050-249	50
Dental	L		250-324	50
Pharmacy	D	10 line	325-399	10
		09 line	400-449	11
		08 line	450-474	12
		07 line	475-499	14
		06 line	500-524	16
		05 line	525-549	20
		04 line	550-574	25
		03 line	575-599	33
		02 line	600-609	50
		01 line	610-619	50
Inpatient	I		620-699	50
Outpatient	O		700-774	50
Open			775-799	
Home Health	Q		800-824	50
Hospice	H		825-849	50
Nursing Home	N		850-899	50

Brand Certification Indicator

Last Change Date: 06/04/96; Revised table format 04/04/05

Code	Description
1	Brand Name Drug
2	Generic Drug

Budget Aid Code

Last Change Date: 07/01/04

Code	Description
A	BENE-OAA (Old Age Assistance)
B	BENE-AB (Aid to the Blind)
C	BENE-ADC (Aid to Dependent Children)
D	BENE-APTD (Aid to Permanently and Totally Disabled under 65)
E	BENE-ADC-FC (Aid to Dependent Children - Foster Care)
F	BENE-MA-OAA (Medical Only - Old Age Assistance)
G	BENE-MA-AB (Medical Only - Aid to the Blind)
H	BENE-MA-ADC (Medical Only - Aid to Dependent Children (refugee medical) CHIP-B)
I	BENE-MA-APTD (Medical Only - Aid to permanently and Totally disabled under 65)
J	BENE-CWS (Foster Care)
K	BENE-CP (Child Protection - No Income Limit)
L	BENE-SILENT-FC (Silent Foster Care)
M	BENE-PRESUMP-ELIG (Presumptive Eligibility)
N	BENE-PWC (Pregnant Women and Children)
O	BENE-QMB (Qualified Medicare Beneficiaries)
P	BENE-TM-FIRST-6 (Transitional Medicaid, 1st 6 months)
Q	BENE-TM-SECOND-6 (Transitional Medicaid, 2nd months)
R	BENE-AFDC-UP-NO (AFDC Unemployed Parent - No Grant)
S	BENE-AFDC-UP-YES (AFDC Unemployed Parent - W/A Grant)
T	BENE-PWC-CHILDREN (Child on PWC)

Buy-in Amounts

Last Change Date: 10/16/03

Code	Description	
Year	Part A	Part B
1988	234.00	24.80
1989	156.00	31.68
1990	175.00	29.90
1991	177.00	29.90
1992	192.00	31.80
1993	221.00	36.10
1994	245.00	41.10
1995	261.00	46.10
1996	289.00	42.50
1997	311.00	43.80
1998	309.00	43.80
1999	309.00	45.50
2000	301.00	45.50
2001	300.00	50.00
2002	319.00	54.00
2003	316.00	58.70
2004	343.00	66.60

Buy-in Indicator

Last Change Date: 12/21/99

Code	Description
N	No Buy In
A	Part A Buy In
B	Part B Buy In
C	Both Part A and Part B Buy In

Buy-in Transaction Codes HCFA - Part A

(Last changed 12/22/99)

These codes indicate the Buy-in of the Hospital Insurance (HI) (Part A Medicare) portion of Medicare. Clients with sufficient work credits receive free Part A Medicare, and will not be on Part A Buy-in. Only clients eligible for premium Part A Medicare are eligible for Part A Buy-in. The transaction codes consist of 4 bytes. The first 2 are the action indicators; the last 2 are the reason indicators. AIM only reads the first two bytes.

Code	Description	Action
1125 1128 1161 1165	Accretion for Part B Buy-in.	New segment should be added to the REBY Screen.
1172	Accretion always accompanied by a 1772 deletion. A period of Buy-in coverage prior to current period of Buy-in.	Segment to be added to REBY using the date from the 1172 transaction for the start date and the date from the 1772 transaction for the stop date.
1175	Accretion always accompanied by a 1776 deletion. A period of Buy-in coverage prior to current period of Buy-in.	Segment to be added to REBY using the date from the 1175 transaction for the start date and the date from the 1776 transaction for the stop date.
1400	HCFA deletion of the Part A Buy-in, usually accompanied by a 1161 accretion.	Close current Buy-in with this date.
1500	HCFA deletion of the Part A Buy-in. SSA records indicate individual no longer meets Medicare eligibility requirements.	Close current Buy-in with this date.
1600	HCFA deletion of the Part A Buy-in. SSA records indicate individual is deceased.	Close current Buy-in with this date.
1728 1751 1753 1759	Buy-in deletion requested by the State.	Close current Buy-in with this date.
2051 2053 2076	Transaction requested by the State has been rejected.	Make no changes to AIM.
2161 2175	Transaction requested by the State has been rejected.	Make no changes to AIM.
2351 2353 2376	Medicare claim number has been changed on a closed Buy-in.	HIC on the AIM Client Base header and TPOI screen should be changed to the new number.

Code	Description	Action
2361 2375	Medicare claim number has been changed on a new Buy-in accretion.	HIC on the AIM Client Base header and TPOI screen should be changed to the new number.
2399	Medicare claim number has been changed at the request of the State.	HIC on the AIM Client Base header and TPOI screen should be changed to the new number.
2451 2453 2461 2465 2476	Transaction requested by the State has been rejected.	Make no changes in AIM.
2551 2553 2561	Transaction requested by the State has been rejected.	Make no changes in AIM.
2751 2753 2761 2775 2776	Transaction requested by the State has been rejected.	Make no changes in AIM.
2875 2876	Transaction requested by the State has been rejected.	Make no changes in AIM.
2961 2975 2976	Transaction requested by the State has been rejected.	Make no changes in AIM.
3061 3075	Transaction requested by the State required adjustment.	Make no changes to AIM.
3151 3153 3161 3175 3176	Transaction requested by the State requires HCFA research and action is on hold.	Make no changes in AIM.
3261 3275 3276	Transaction requested by the State requires HCFA research and action is on hold.	Make no changes in AIM.
4100	Ongoing Buy-in. Segment remains open.	If no segment on REBY, add segment.
4211 4268	Accretion date on an ongoing Buy-in was adjusted to a later date.	Err current REBY segment and open new segment with new start date provided.
4214 4215 4216 4269	Deletion date on a closed Buy-in was adjusted to an earlier date.	Err REBY segment and open new segment with same start day and new end date provided by transaction.
4368	Accretion date was adjusted to an earlier date.	Err segment and add new segment with new start date.

Code	Description	Action
4369	Deletion date was adjusted to a later date.	Err segment and add new segment using the same start date and the new end date.
4372	Involves retro Part A Buy-in exceeding 24 months.	Do nothing in AIM. Segment must be manually entered.
4999	Correction requested by State was rejected.	Do nothing in AIM.

All other transaction codes should be ignored or erred off on a report. They do not affect the AIM system.

Buy-in Transaction Codes HCFA - Part B

(Last changed 12/22/99)

These codes are for Buy-in of the Supplemental Medical Insurance (SMI) or Part B portion of Medicare. Clients having part B Medicare must pay a monthly premium. Clients must be eligible for Part B Medicare before the State can place them on the Buy-in program and pay their premiums.

Code	Description	Action
1125 1128 1161 1162 1164 1165 1167 1184 1185 1190	Accretion for Part B Buy-in.	New Buy-in segment should be added to the REBY Screen.
1172	Accretion always accompanied by a 1772 deletion. A period of Buy-in coverage prior to current period of Buy-in.	Segment to be added to REBY using the date from the 1172 transaction for the start date and the date from the 1772 transaction for the stop date.
1175	Accretion always accompanied by a 1776 deletion. A period of Buy-in coverage prior to current period of Buy-in.	Segment to be added to REBY using the date from the 1175 transaction for the start date and the date from the 1776 transaction for the stop date.
1400	HCFA deletion of the Part B Buy-in. A 1400 Part A transaction will usually be accompanied by a 1161 accretion.	Close current Buy-in on the REBY screen with this date.
1500	HCFA deletion of the Part B Buy-in. SSA records indicate client no longer meets Medicare eligibility requirements.	Close current Buy-in on the REBY screen with this date.
1600	HCFA deletion of the Part B Buy-in. SSA records indicate client is deceased.	Close current Buy-in on the REBY screen with this date.
1728 1750 1751 1753 1759 1781	Buy-in deletion requested by the State.	Close current Buy-in on the REBY screen with this date.
1787	Should not be received by Idaho.	Make no changes to AIM.

Code	Description	Action
1800 1861 1862 1863 1864	Should not be received by Idaho.	Make no changes to AIM.
1900 1961 1962 1963 1964 1984	Should not be received by Idaho.	Make no changes to AIM.
2050 2051 2053 2076 2081	Advisory message.	Make no changes to AIM.
2161 2162 2163 2164 2175 2184	Advisory message.	Make no changes to AIM.
2261 2262 2263 2284	Advisory message.	Make no changes to AIM.
2350 2351 2353 2361 2362 2363 2364 2375 2376 2381 2384 2399	Medicare claim number has been changed.	HIC on the AIM Client Base header and TPOI screen should be changed.
2450 2451 2453 2461 2462 2463 2464 2475 2476 2481 2484	Transaction has been rejected.	Make no changes in AIM.

Code	Description	Action
2550 2551 2553 2561 2562 2563 2564 2581 2584	Transaction has been rejected.	Make no changes in AIM.
2750 2775 2776	Transaction has been rejected.	Make no changes in AIM.
2875 2876	Transaction has been rejected.	Make no changes in AIM.
2961 2962 2963 2964 2975 2976 2984	Transaction has been rejected.	Make no changes in AIM.
3061 3062 3063 3064 3075 3084	Accretion for Part B Buy-in.	New segment should be added to the REBY Screen.
3150 3151 3153 3161 3162 3163 3164 3175 3181 3184	Pending further action by HCFA.	Make no changes in AIM.
3261 3262 3263 3264 3275 3276 3284	Pending further action by HCFA.	Make no changes in AIM.
3361 3362 3363 3364 3384	State request transaction rejected by HCFA.	Make no changes in AIM.

Code	Description	Action
3450 3451 3453	State request transaction rejected by HCFA.	Make no changes in AIM.
3662	State request transaction rejected by HCFA.Rejection	Make no changes in AIM.
4100	Ongoing Buy-in. Segment remains open on REBY with the end date as the end of time.	If no active open segment on REBY, add segment.
4211	Accretion date has been changed to a later date.	Err current REBY segment and open new segment with new start date provided.
4214 4215 4216	Deletion date has been changed to an earlier date.	Err REBY segment and add new segment with same start date and new end date.
4241	Duplicate Buy-in record.	Do nothing in AIM.
4267 4268	Accretion adjusted to a later date.	Err segment and add new segment with new start date.
4269	Deletion adjusted to an earlier date.	Err segment and add new segment with same start date and new end date.
4291	Should not be received by Idaho.	Do nothing in AIM.
4368	Accretion date was adjusted to an earlier date.	Err segment and add new segment with new start date and same end date as previous.
4369	Deletion date was adjusted to a later date.	Err segment and add new segment with the same start date and the new end date.
4999	Correction requested by State was rejected.	Do nothing in AIM.

All other transaction codes should be ignored or erred off on a report. They do not effect the AIM system.

[Click here](#) to see examples of multiple events that can occur as a result of the monthly update.

Examples of multiple transactions

Multiple events can occur as a result of the monthly update. The following are examples of multiple transaction but are not all-inclusive.

A deletion code may be received which has a date prior to the accretion date on line. This would be the buy-in is denied and no active segment during this period is pertinent.

Example:

There could be a segment online with a start date of 06/01/1997 when the new transactions came in it could have a deletion of 1751 for 05/01/1997. This segment would be closed and error off as it was never a good segment.

1. 30XX Accrete for the date indicated with the 11XX
11XX ignore the 30XX
2. 30XX Ignore the 30XX and the 25XX and 4100 25XX
4100 continues the Buy-in, which should already be on the file.
3. 30XX ignore both these codes
24XX
4. 30XX ignore both these codes
29XX
5. 30XX Ignore the 30XX but accrete for the date
1125 (or) 1128 indicated on 11XX with the date indicated
6. 30XX Ignore this code
11XX Accrete for the date indicated
14BB end the segment for the date indicated
1180 accrete the segment for date indicated
1787 delete the segment for the date indicated
1190 accretion of the client for the date indicated
7. 11XX accretion, new segment for date indicated
14BB end the segment for the date indicate
1180 accrete for the date indicated – a new segment
1728 end the segment for the date indicated
8. 14BB Close the segment which is on the REBY screen
1180 Open new segment for the date indicated.
9. 1172 Accrete – a new segment for the date indicated
1772 deletion close segment for the date indicated
1165 accretion open a new segment for the date indicated
10. 2750 ignore this transaction Code
41bb continue the buy-in segment with no interruption

[Click here](#) to return to table for **BUY IN TRANSACTION CODES – HCFA PART B.**



Card Replacement Reasons

Last Change Date: 06/04/96

Code	Description
01	New Client
02	Lost
03	Destroyed
04	Stolen
05	Reapplication

CARD TYPE CODES

Last Change Date: 05/18/04

t_pgm_typ

Code	Description
B	CHIP-B
M	Medicaid

Cash Receipt Status

Last Change Date: 06/03/96

Code	Description
14	Active
15	Complete

Cash Receipt Type

Last Change Date: 05/02/01; Revised table format 04/04/05

Receipt Type Title	Code
Casualty Insurance	5070
Copying Receipts	0190
Drug Rebates - National	0790
FQHC Cost Settlement - Receipts	2895
Fraud Investigation Unit	5010
Group Health Plan Premium	1830
Health Insurance	5060
Home Health Cost Settlement - Receipts	1295
ICF/MR Cost Settlement - Other - Receipts	0495
Inpatient Hospital Cost Settlement - Receipts	0195
Interest - Fraud	6014
Interest - Other	6010
Interest - SURS	6012
Medicaid Fraud	5020
Medical Assistance Donations	0191
Medicare	5050
Nursing Facility Cost Settlement - Receipts	0395
Outpatient Hospital Cost Settlement - Receipts	0695
Parental Responsibility - Other	5040
Parental Share Premium Payment	5043
Parental Responsibility- Katie Beckett	5045
Penalties & Fines - Fraud	6024
Penalties & Fines - Other	6020
Penalties & Fines - SURS	6022
Probate Collections	5090
Provider Refunds	5000
Receipt Transfers	0192
Receipts Suspense - Other	4000
Receipts Suspense - Insurance	4010
Refund overpayment to Remitter	2930
Responsible Party	5080
Rural Health Cost Settlement - Receipts	1695
State Funds - Abortions	6050
State Funds - Other	6060
SURS Action	5030
Non Sufficient Funds (NSF)	7000
Incorrect Deposit	7010

Category of Service Criteria

Last Change Date: 08/12/2004

MAR COS	COS Name	Claim Type	Prov Type	Prov Spec List	Proc Group List	Diag Group List	Trans Code	RSN Code	Other	Other
01-01	Inpatient	I	001	001-007 Exclude 006						Exclude 0028215 SAK
01-02	Inpatient Crossover	W	001	001-007 Exclude 006						
01-03	Inpatient Sterilization	I	001	001-007 Exclude 006		1				
01-04	Inpatient Abortion Federal	I	001	001-007 Exclude 006						EOB 1)ABL 2)ABR 3)ABI
01-05	Inpatient Family Planning	I	001	001-007 Exclude 006	2	2				Include Pgm 67 & 69
01-06	Inpatient PWC-Parent	I	001	001-007 Exclude 006						Pgm 67
01-07	Inpatient PWC-Child	I	001	001-007 Exclude 006						Pgm 69

MAR COS	COS Name	Claim Type	Prov Type	Prov Spec List	Proc Group List	Diag Group List	Trans Code	RSN Code	Other	Other
01-08	Inpatient Non-Claim Specific Recovery	I W	001				4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210	Exclude 0028215 SAK	COS is manually assigned or claim specific
01-10	Inpatient Disproportionate Share	I	001					157		
01-11	Inpatient Cost Settlement	I	001					181-188		COS manually assigned
01-12	Inpatient Administratively Necessary Days	O	001							Revenue Code 074
01-13	Inpatient Swing Bed	N	011	123						
01-14	Inpatient Mental Health Diagnosis Age >21	I	001	001		11			Age 022-999	
01-15	Inpatient ISSH	I/ W	001 001	006 006						
02-01	Outpatient	O	001 023	Exclude 005-006 212						
02-02	Outpatient Crossover	X	001	Exclude 005-006						

MAR COS	COS Name	Claim Type	Prov Type	Prov Spec List	Proc Group List	Diag Group List	Trans Code	RSN Code	Other	Other
02-03	Outpatient Sterilization	O	001	Exclude 005-006		1				
02-04	Outpatient Abortion Federal	O	001	Exclude 005-006						EOB 1)ABL 2)ABR 3)ABI
02-05	Outpatient Family Planning	O	001	Exclude 005-006		2				
02-06	Outpatient PWC-Parent	O	001 023	Exclude 005-006 212						Pgm 67
02-07	Outpatient PWC-Child	O	001	Exclude 005-006						Pgm 69
02-08	Outpatient EPSDT Screen	O	001	Exclude 005-006		4				
02-09	Outpatient Laboratory	O	001		5				Rev Cde 300-319	
02-10	Outpatient Non-Claim Specific Recovery	O X	001	Exclude 005-006			4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210		COS is manually assigned or claim specific
02-12	Outpatient Cost Settlement	O	001					181-188		COS is manually assigned
02-13	Outpatient Surgery	O	001		12					

MAR COS	COS Name	Claim Type	Prov Type	Prov Spec List	Proc Group List	Diag Group List	Trans Code	RSN Code	Other	Other
02-14	Outpatient Mental Health Diagnosis Age >21	O	001	Exclude 005-006		11			Age 022-999	
02-15	Outpatient ISSH	O/ X	001 001	006 006						
03-01	Physician	M	002 004 005 016	017 Exclude 072, 078,079 157						
03-02	Physician Crossover	Y	003 004 005 016	157						
03-03	Physician Lab Services	M	004 005 016	Exclude 078 157	5					
03-04	Physician Lab Crossover	Y	002 004 005 016	017 157	5					
03-05	Physician Radiology	M	004 005 016	072 072 157	6					
03-06	Physician Radiology Crossover	Y	004 005 016	072 072 157	6					
03-07	Physician Sterilization	M	004 005 016	157	1	1				

MAR COS	COS Name	Claim Type	Prov Type	Prov Spec List	Proc Group List	Diag Group List	Trans Code	RSN Code	Other	Other
03-08	Physician Abortion Federal	M	004 005 016	157						EOB 1)ABL 2)ABR 3)ABI
03-09	Physician Family Planning	M	002 004 005 016	014 157	2, 13 2 2 2	2 2 2 2			Modifier FP	
03-10	Physician PWC-Parent	M	002 004 005 016	014 157	13					Pgm 66/67
03-11	Physician PWC-Child	M	002 004 005 016	014 157						Pgm 69
03-12	Physician EPSDT Screen	M	002 004 005 013 016	014 132 157	4	4				Pgm 67 & 69
03-13	Physician Non-Claim Specific Recovery	M Y	002 004 005 016	014 Exclude 072, 079 078 Include 157			4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210	Include Optometrist Services Exclude Optometrist Supplies	COS is manually assigned or claim specific
03-15	Physician Mental Health Diagnosis	M	004 005 016	 157		11				

MAR COS	COS Name	Claim Type	Prov Type	Prov Spec List	Proc Group List	Diag Group List	Trans Code	RSN Code	Other	Other
03-16	Physician ISSH	M M M Y Y	004 005 006 023 004 005	078 078 023 216 078 078					(PROV SAK 54014 -PT- 006/PS-23) (PROV SAK 54015 -PT 023/PS 216)	
03-17	Physician ISSH Family Planning	M	004 005	078	2	2				
03-18	Physician SHS Phychiatrist	M	005	070					PROV SAK 28232	
04-01	Prescribed Drugs	D	007	092 094						
04-02	Drugs, Nursing Facility	D	007	093 094						LOC 20
04-03	Drugs, ICF/MR	D	007	093 094						LOC 27
04-04	Drugs, Family Planning	D	007						Pgm 67 & 69	Include Therapeutic Class G8A-G8B G8C-G9A X1A-X1B X1C-X1D
04-05	Drugs, PWC-Parent	D	007							Pgm 67
04-06	Drug PWC-Child	D	007							Pgm 69

MAR COS	COS Name	Claim Type	Prov Type	Prov Spec List	Proc Group List	Diag Group List	Trans Code	RSN Code	Other	Other
04-07	Drug Non-Claim Specific Recovery	D	007				4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210		COS is manually assigned or claim specific
04-09	Drug Rebate National	D	007				31-46	159		COS is manually assigned
04-10	Drug Rebate Sidebar	D	007				31-46	206		COS is manually assigned
04-11	Drugs ISSH ICF/MR	D	007						SAK 28356	
04-12	Drugs ISSH Family Planning	D	007						SAK 28356	Include Thera Classes: G8A,G8B, G8C G9A, X1A, X1B, X1C, X1D
04-13	Drugs SHN	D	007						SAK 0043506	
04-14	Drugs SHS	D	007						SAK 0028357	
05-01	Nursing Facility	N	011	121						
05-02	Nursing Facility Non-Claim Specific Recovery	N W	011	119 121			4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210		COS is manually assigned or claim specific
05-04	Nursing Facility Crossover Part A	W	011							

MAR COS	COS Name	Claim Type	Prov Type	Prov Spec List	Proc Group List	Diag Group List	Trans Code	RSN Code	Other	Other
05-05	Nursing Facility Cost Settlement	N	011					181-188		COS is manually assigned
05-06	Nursing Facility-ECF SHS	N	011						SAK 28262	
05-07	Veterans Home	N	011						SAK 60868	
05-07	Veterans Home	N	011						SAK 60870	
05-07	Veterans Home	N	011						SAK 61324	
06-01	ICF/MR ISSH	N	011	122						
06-02	ICF/MR Private	N	011	117						
06-03	ICF/MR State	N	011	118					SAK 28401	
06-04	ICF/MR Non-Claim Specific Recovery	N	011	117 118 122			4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210		COS is manually assigned or claim specific
06-06	ICF/MR Cost Settlement - Private	N	011	117				181-188		COS is manually assigned
06-07	ICF/MR Cost Settlement - ISSH	N	011	122				181-188		COS is manually assigned
06-08	IMD/NH Private - Age >64	N	011	120					AGE 65-999	

MAR COS	COS Name	Claim Type	Prov Type	Prov Spec List	Proc Group List	Diag Group List	Trans Code	RSN Code	Other	Other
06-09	IMD/NH Private - Age < 22	N	011	120					AGE 0-21	
06-10	IMD/NH Private Non-Claim Specific Recovery	N	011	120			4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210		COS is manually assigned or claim specific
07-01	Mental Health Facility, SHS- Age <22	O	001	003	11				Age 0 - 21	
07-02	Mental Health Facility Non-Claim Spacific Recovery	O I	001	003			4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210		COS is manually assigned or claim specific
07-04	Inpatient Mental Disorder, Age >21	I	001	002, 003	11					AGE 22-999
07-05	Inpatient Mental Disorder SHS Age < 22	I	001	001, 002, 003	11					AGE 0-21
08-01	Dental Adult Age >21	L	003						AGE 22-999	
08-02	Dentures, Adult Age >21	L	003		3				AGE 22-999	

MAR COS	COS Name	Claim Type	Prov Type	Prov Spec List	Proc Group List	Diag Group List	Trans Code	RSN Code	Other	Other
08-03	Dental Non-Claim Specific Recovery	L	003				4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210		COS is manually assigned or claim specific
08-05	Dental Children Age <22	L	003						AGE 0-21	
08-06	Dentures, Children Age <22	L	003		3				AGE 0-21	
08-07	Dental ISSH	L	003	032						
09-01	MH Clinic Crossover	Y	002 023	013 217						
09-02	MH Clinic Private	M	002 023	013 217						
09-03	MH Clinic Regional	M	002	016						
09-04	Mental Health Clinic SHN	M	002						SAK 0028302	
09-05	MH Clinic Regional Crossover	Y	002	016						
09-06	Mental Health Clinic SHS	M	002						SAK 0028332	

MAR COS	COS Name	Claim Type	Prov Type	Prov Spec List	Proc Group List	Diag Group List	Trans Code	RSN Code	Other	Other
09-07	Mental Health Clinic Non-Claim Specific Recovery	M Y	002	013 016 023 027 217 253			4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210		COS is manually assigned or claim specific
09-09	Clinic, Diagnostic Services	M	002	012						
09-10	Clinic, Diagnostic Services Crossover	Y	002	012						
09-11	Clinic, Diagnostic Services Non-Claim Specific Recovery	M Y	002	012			4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210		COS is manually assigned or claim specific
09-13	Psychologist Crossover	Y	027							
10-01	Independent Lab	M	009	103						
10-02	Independent Lab Crossover	Y	009							
10-03	Independent Lab Family Planning	M	009		2	2				

MAR COS	COS Name	Claim Type	Prov Type	Prov Spec List	Proc Group List	Diag Group List	Trans Code	RSN Code	Other	Other
10-04	Independent Lab Abortion Federal	M	009						EOB 1)ABL 2)ABR 3)ABI	
10-05	Independent Lab Sterilization	M	009		1	1				
10-06	Independent Lab PWC-Parent	M	009							Pgm 67
10-07	Independent Lab PWC-Child	M	009							Pgm 69
10-08	Lab Non-Claim Specific Recovery	M Y	004 005 009	078 103 104			4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210		COS is manually assigned or claim specific
10-10	Independent Radiology Tech Services	M	004 005 023	079 079 218						
10-11	Independent Radiology Tech Services Family Planning	M	004 005 023	079 218	2	2				
10-12	Independent Radiology Tech Services PWC-Parent	M	023	218					Pgm 67	

MAR COS	COS Name	Claim Type	Prov Type	Prov Spec List	Proc Group List	Diag Group List	Trans Code	RSN Code	Other	Other
10-13	Independent Radiology Tech Services PWC-Child	M	023	218					Pgm 69	
10-14	Independent Radiology Tech Services Crossover	Y	004 005 023	079 079 218						
10-15	Independent Radiology Tech Services, Non-Claim Specific Recovery	M Y	004 005 023	079 218			4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210		COS is manually assigned or claim specific
10-17	Contract Laboratory	M	009	104						
10-18	Contract Radiology	M	004 005	079	6					
10-19	ISSH Lab	M	004 005	078	5					
11-01	Home Health Private	Q	008							
11-02	Home Health Crossover	X W	008 008							
11-03	Home Health Non-Claim Specific Recovery	Q X	008				4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210		COS is manually assigned or claim specific

MAR COS	COS Name	Claim Type	Prov Type	Prov Spec List	Proc Group List	Diag Group List	Trans Code	RSN Code	Other	Other
11-05	Home Health Cost Settlement		008					181-188		COS is manually assigned
12-01	Rural Health Clinic	M	020	201						
12-02	RHC Sterilization	M	020	201	1	1				
12-03	RHC Abortion Federal	M	020	201						EOB 1)ABL 2)ABR 3)ABI
12-04	RHC Family Planning	M	020	201	2	2			Modifier FP	
12-05	Rural Health Clinic PWC-Parent	M	020	201					Pgm 67	
12-06	Rural Health Clinic PWC-Child	M	020	201					Pgm 69	
12-07	RHC EPSDT Screen	M	020	201	4	4			Modifiers ES/RO	
12-08	RHC Non-Claim Specific Recovery	M Y	020	201			4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210		COS is manually assigned or claim specific
12-10	RHC Cost Settlement		020	201				181-188		COS is manually assigned
12-11	RHC Crossover	Y	020	201						
13-01	Hospice	H	012							

MAR COS	COS Name	Claim Type	Prov Type	Prov Spec List	Proc Group List	Diag Group List	Trans Code	RSN Code	Other	Other
13-02	Hospice Crossover	X	012							
13-03	Hospice Non-Claim Specific Recovery	H X	012				4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210		COS is manually assigned or claim specific
14-01	FQHC	M O I L D	021	206						
14-02	FQHC Crossover	Y W X	021							
14-03	FQHC Sterilization	M I O	021	206	1	1				
14-04	FQHC Abortion Federal	M I O	021	206						EOB 1)ABL 2)ABR 3)ABI
14-05	FQHC Family Planning	M D I O	021	206	2	2			Include Thera Classes: G8A,G8B, G8C G9A, X1A, X1B, X1C, X1D	Modifier FP

MAR COS	COS Name	Claim Type	Prov Type	Prov Spec List	Proc Group List	Diag Group List	Trans Code	RSN Code	Other	Other
14-06	FQHC PWC-Parent	M L D I O	021	206						Pgm 67
14-07	FQHC PWC-Child	M L D I O	021	206						Pgm 69
14-08	FQHC EPSDT Screen	M O	021	206	4	4			Modifiers ES/RO	
14-09	FQHC Non-Claim Specific Recovery	All Claim Types	021	206			4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210		COS is manually assigned or claim specific
14-11	FQHC Cost Settlement		021	206				181-188		COS is manually assigned
15-01	Indian Health Service Clinic	M	020	200						
15-02	Indian Health Service Clinic Crossover	Y	020	200						
15-03	Indian Health Center Sterilization	M	020	200	1	1				
15-04	Federal Indian Health Center Abortion	M	020	200						EOB 1)ABL 2)ABR 3)ABI

MAR COS	COS Name	Claim Type	Prov Type	Prov Spec List	Proc Group List	Diag Group List	Trans Code	RSN Code	Other	Other
15-05	Indian Health Center Family Planning	M	020	200	2	2				
15-06	Indian Health Service Clinic PWC-Parent	M	020	200						Pgm 67
15-07	Indian Health Service Clinic PWC-Child	M	020	200						Pgm 69
15-08	Indian Health Center EPSDT Screen	M	020	200	4	4				
15-09	Indian Health Service Clinic Non-Claim Specific Recovery	M Y	020	200			4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210		COS is manually assigned or claim specific
1510	Indian Health Pharmacy	D	007						PROV SAK 33984	
1510	Indian Health Pharmacy	D	007						PROV SAK 53328	
16-01	District Health	M	020	199						
16-02	District Health Family Planning	M	020	199	2	2			Modifier FP	
16-03	District Health EPSDT	M	020	199	4	4				
16-04	District Health PWC-Parent	M	020	199						Pgm 67

MAR COS	COS Name	Claim Type	Prov Type	Prov Spec List	Proc Group List	Diag Group List	Trans Code	RSN Code	Other	Other
16-05	District Health PWC-Child	M	020	199						Pgm 69
16-06	District Health Non Claim Specific Recovery	M	020	199			4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210		COS is manually assigned or claim specific
17-01	Chiropractor	M	023	213						
17-02	Chiropractor Non-Claim Specific Recovery	M Y	023	213			4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210		COS is manually assigned or claim specific
17-04	Chiropractor Crossover	Y	023	213						
18-01	Nurse Practitioner	M	016 023	154 156 158 214						
18-02	Nurse Practitioner Sterilization	M	016	156	1	1				
18-03	Nurse Practitioner, Abortion Federal	M	016	156						EOB 1)ABL 2)ABR 3)ABI

MAR COS	COS Name	Claim Type	Prov Type	Prov Spec List	Proc Group List	Diag Group List	Trans Code	RSN Code	Other	Other
18-04	Nurse Practitioner, Family Planning	M	016	154 156	2	2				Include Pgm 67 & 69
18-05	Nurse Practitioner, PWC-Parent	M	016 023	154 156 158 214						Pgm 67
18-06	Nurse Practitioner PWC-Child	M	016 023	154 156 214						Pgm 69
18-07	Nurse Practitioner, EPSDT Screen	M	016 017	154 156 158 167	4	4				
18-08	Nurse Practitioner Non Claim Specific Recovery	M Y	016 017 023	154 156 158 167 214			4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210		COS is manually assigned or claim specific
19-01	Nursing-Private Duty	M	017	164 165 166						
19-02	Nursing Private Duty Non Claim Specific Recovery	M Y	017	164 165 166			4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210		COS is manually assigned or claim specific

MAR COS	COS Name	Claim Type	Prov Type	Prov Spec List	Proc Group List	Diag Group List	Trans Code	RSN Code	Other	Other
19-04	Nursing Crossover	Y	016	154 156						
			017	164 165 166 214						
			023							
20-01	Podiatrist Services	M	023	216						
20-02	Podiatrist Crossover	Y	023	216						
20-03	Podiatrist Non-Claim Specific Recovery	M Y	023	216			4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210		COS is manually assigned or claim specific
21-01	Optometrist Services	M	004 005 006	059 087 088	7					
21-02	Optometrist Supplies	M	004 005 006	059 087 088	8					
21-03	Optometrist Crossover	Y	006							

MAR COS	COS Name	Claim Type	Prov Type	Prov Spec List	Proc Group List	Diag Group List	Trans Code	RSN Code	Other	Other
21-04	Optometrist Non-Claim Specific Recovery	M Y	004 005 006	059 087 088			4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210	(Include Optometrist Supplies Exclude Optometric Service)	COS is manually assigned or claim specific
22-01	Optician Services	M	006	085	7					
22-02	Optician Supplies	M	006	085	8					
22-03	Optician Non-Claim Specific Recovery	M	006	085			4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210		COS is manually assigned or claim specific
23-01	Independent Optometric Supplies	M	006	086					SAK 50001	
23-02	Independent Optometric Supplies, Non-Claim Specific Recovery	M Y	006	086			4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210		COS is manually assigned or claim specific
24-01	Transportation	M	010	107-111						
24-02	Transportation PWC-Parent	M	010	107-111						Pgm 67
24-03	Transportation PWC-Child	M	010	107-111						Pgm 69

MAR COS	COS Name	Claim Type	Prov Type	Prov Spec List	Proc Group List	Diag Group List	Trans Code	RSN Code	Other	Other
24-04	Transportation Non-Claim Specific Recovery	M	010	109 110 111 112			4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210		COS is manually assigned or claim specific
24-06	Ambulance	M I O	010 001	107, 108					Revenue Code 540-549 (C/T I and O)	
24-07	Ambulance PWC-Parent	M I O	010 001	107, 108					Revenue Code 540-549 (C/T I and O)	Pgm 67
24-08	Ambulance PWC-Child	M I O	010 001	107 108					Revenue Code 540-549 (C/T I and O)	Pgm 69
24-09	Ambulance Crossover	Y W X	010 001						Revenue Code 540-549 (C/T W and X)	
24-10	Ambulance Non-Claim Specific Recovery	M Y X W I O	010 001	107 108			4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210	Revenue Code 540-549 (C/T I and O)	COS is manually assigned or claim specific
25-01	Physical Therapy	M, O	023 001	215						Revenue Code 420-439 (C/T O)

MAR COS	COS Name	Claim Type	Prov Type	Prov Spec List	Proc Group List	Diag Group List	Trans Code	RSN Code	Other	Other
25-02	Physical Therapy Crossover	Y X	023 001	215						Revenue Code 420-439 (C/T X)
25-03	Physical Therapy Non-Claim Specific Recovery	M O Y X	023 001	215			4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210		COS is manually assigned or claim specific
26-01	Certified Registered Nurse Anesthetist	M	016	155						Exclude 67 & 69
26-02	Certified Register Nurse Anesthetist Sterilization	M	016	155	1	1				
26-03	Certified Registered Nurse Anesthetist Abortion Federal	M	016	155						EOB 1)ABL 2)ABR 3)ABI
26-04	Certified Registered Nurse Anesthetist Crossover	Y	016	155						

MAR COS	COS Name	Claim Type	Prov Type	Prov Spec List	Proc Group List	Diag Group List	Trans Code	RSN Code	Other	Other
26-05	Certified Registered Nurse Anesthetist PWC-Parent	M	016	155						Pgm 67
26-06	Certified Registered Nurse Anesthetist PWC-Child	M	016	155						Pgm 69
26-07	Certified Registered Nurse Anesthetist Non-Claim Specific Recovery	M Y	016	155			4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210		COS is manually assigned or claim specific
27-01	Audiologist	M	024	229						
27-02	Audiologist Crossover	Y	024 002	015						
27-03	Audiologist Prosthetic Acoustic (Hearing Aids)	M	024		10					
27-04	Audiologist Supplies, Other	M	024		17					

MAR COS	COS Name	Claim Type	Prov Type	Prov Spec List	Proc Group List	Diag Group List	Trans Code	RSN Code	Other	Other
27-05	Audiologist Non-Claim Specific Recovery	M Y	024 002	015			4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210		COS is manually assigned or claim specific
27-07	Audiologist ISSH (Speech and Hearing)	M	002	015						
28-01	Prosthetic/Orthotic	M	014	139						
28-02	Prosthetic/Orthotic Crossover	Y	014	139						
28-03	Prosthetic/Orthotic Non-Claim Specific Recovery	M Y	014	139			4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210		COS is manually assigned or claim specific
29-01	Medical Supplies	M	014	140						
29-02	Medical Supplies Crossover	Y	014	140						

MAR COS	COS Name	Claim Type	Prov Type	Prov Spec List	Proc Group List	Diag Group List	Trans Code	RSN Code	Other	Other
29-03	Medical Supplies Non-Claim Specific Recovery	M Y	014	140			4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210		COS is manually assigned or claim specific
30-01	Durable Medical Equipment/ Supplies	M	014	137 138						
30-02	Durable Medical Equipment./ Supplies Crossover	Y	014	137 138						
30-03	Durable Medical Equipment/ Supplies Non-Claim Specific Recovery	M Y	014	137 138			4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210		COS is manually assigned or claim specific
31-01	Aged/ Disabled 1099	M	010 014 015 015 015 017 019 019 019	112 141 149 150 163 149 150	31 34 N/A N/A N/A N/A N/A N/A N/A				REWA Service Coverage Type 01	DOS on or between date range for Service Type 01 & PCS Hrs over 16 a week (If SCT is 01 and provider type is 015 or 019 specialties 149 (Ind Misc) or 150 (Adult Res Care), all services will receive 3101 COS)

MAR COS	COS Name	Claim Type	Prov Type	Prov Spec List	Proc Group List	Diag Group List	Trans Code	RSN Code	Other	Other
31-02	Aged/ Disabled W2	M	015 019		14 14				REWA Service Coverage Type 01	DOS on or between date range for Service Type 01& PCS Hrs over 16 a week
31-03	Aged/ Disabled Non-Claim Specific Recovery	M Y	010 015 014 017	112 146 147 148 149 150 141 163			4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210	REWA Service Coverage Type 01	DOS on or between date range for Service Type 01 & PCS Hrs over 16 a week
31-05	HCBS Aged/ Disabled 1099	M	010 014 015 015 017 019	112 141 149 150 163	31 34 N/A N/A N/A N/A				REWA Service Coverage Type 02	DOS on or between date range for Service Type 02 & PCS Hrs over 16 a week (If SCT is 02 and provider type is 015 specialties 149 (Ind Misc) or 150 (Adult Res Care), all services will receive 3105 COS)
31-06	HCBS Aged/ Disabled W2	M	015 019		14 14				REWA Service Coverage Type 02	DOS on or between date range for Service Type 02 & PCS Hrs over 16 a week
31-07	HCBS Aged/ Disabled Non-Claim Specific Recovery	M	010 015 014 017	112 146 147 148 149 150 141 163			4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210	REWA Service Coverage Type 02	DOS on or between date range for Service Type 02 & PCS Hrs over 16 a week

MAR COS	COS Name	Claim Type	Prov Type	Prov Spec List	Proc Group List	Diag Group List	Trans Code	RSN Code	Other	Other
31-09	DD - Waiver, 1099	M	010 014 015 017 019	112 141 168 169	30 33 N/A N/A N/A				REWA Service Coverage Type 03	DOS on or between date range for Service Type 03
31-10	DD - Waiver, W2	M	017 019	168 169	14 14 14				REWA Service Coverage Type 03	DOS on or between date range for Service Type 03
31-11	DD - Waiver, Non-Claim Specific Recovery	M	010 014 017 019	112 141 168 169 184 thru 193			4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210	REWA Service Coverage Type 03	DOS on or between date range for Service Type 03
31-13	DD HCBS- Waiver, 1099	M	010 014 015 017 019	112 141 168 169	30 33 N/A N/A N/A				REWA Service Coverage Type 04	DOS on or between date range for Service Type 04
31-14	DD HCBS - Waiver, W2	M	017 019	168 169	14 14 14				REWA Service Coverage Type 04	DOS on or between date range for Service Type 04

MAR COS	COS Name	Claim Type	Prov Type	Prov Spec List	Proc Group List	Diag Group List	Trans Code	RSN Code	Other	Other
31-15	DD HCBS - Waiver, Non-Claim Specific Recovery	M	010 014 017 019	112 141 168 169 184 thru 193			4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210	REWA Service Coverage Type 04	DOS on or between date range for Service Type 04
31-17	Special Targeted DD (ISSH) Waiver 1099	M	010 014 015 017 019	112 141 168 169	30 33 N/A N/A N/A				REWA Service Coverage Type 05	DOS on or between date range for Service Type 05
31-18	Special Targeted DD (ISSH) Waiver W2	M	017 019	168 169	14 14 14				REWA Service Coverage Type 05	DOS on or between date range for Service Type 05
31-19	Special Targeted DD (ISSH) Waiver Non-Claim Specific Recovery	M	010 014 017 019	112 141 168 169 184 thru 193			4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210	REWA Service Coverage Type 05	DOS on or between date range for Service Type 05
31-21	Special Targeted DD HCBS (ISSH) Waiver 1099	M	010 014 015 017 019	112 141 168 169	30 33 N/A N/A N/A				REWA Service Coverage Type 06	DOS on or between date range for Service Type 06

MAR COS	COS Name	Claim Type	Prov Type	Prov Spec List	Proc Group List	Diag Group List	Trans Code	RSN Code	Other	Other
31-22	Special Targeted DD HCBS (ISSH) Waiver W2	M	017 019	168 169	14 14 14				REWA Service Coverage Type 06	DOS on or between date range for Service Type 06
31-23	Special Targeted DD HCBS (ISSH) Waiver Non-Claim Specific Recovery	M	010 014 017 019	112 141 168 169 184 thru 193	30 33		4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210	REWA Service Coverage Type 06	DOS on or between date range for Service Type 06
31-25	HCBS Waiver 1099 (Conversion Only)	M	017 019	163					REWA Service Coverage Type 10	
31-26	HCBS Waiver W-2 (Conversion Only)	M	017 019	163	14				REWA Service Coverage Type 10	
32-01	Personal Care Services Non-Waivered 1099	M	015 017 019	163	36 N/A 36				REWA Service Coverage Type 01, 02, 03,04, 05,06. 11, 12	First 16 Hours of PCS Service for Serv Cov Type 01 & 02 All procedure codes in Proc Group List 36 will receive COS 3201 regardless of client's Service Coverage Type or if client does not have a Service Coverage Type. SCT 00, 07, 08, 09, 10 are no longer valid. COS 4203 will set for claims with these SCT's.

MAR COS	COS Name	Claim Type	Prov Type	Prov Spec List	Proc Group List	Diag Group List	Trans Code	RSN Code	Other	Other
32-02	Personal Care Services, Non-Waivered W2	M	015 019		14 14				REWA Service Coverage Type 01, 02, 03,04,05, 06	First 16 Hours of PCS Service for Serv Cov Type 01 & 02 SCT 00, 07, 08, 09, 10 are no longer valid. COS 4203 will set for claims with these SCT's.
32-03	Personal Care Services, Non-Waivered Non-Claim Specific Recovery	M	015 017	145 146 147 148 163			4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210	REWA Service Coverage Type 00, 08, 09	First 16 Hours of PCS Service for Serv Cov Type 01 & 02
32-04	School Based Services – Personal Care	M	013	132	25					
3205	TBI (Traumatic Brain Injury) 1099	M	010 014 015 019	112 141	32 35 14 N/A				REWA Service Coverage Type 11	
32-06	HCBS/ TBI (Traumatic Brain Injury) 1099	M	010 014 015 019	112 141	32 35 14 N/A				REWA Service Coverage Type 12	
33-01	Targeted Case Management Mental Health	M	018	176						

MAR COS	COS Name	Claim Type	Prov Type	Prov Spec List	Proc Group List	Diag Group List	Trans Code	RSN Code	Other	Other
33-02	Target Case Mgt Mental Health Non-Claim Specific Recovery	M	018	176			4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210		COS is manually assigned or claim specific
33-04	Targeted Case Mgt Personal Care Service	M	018	177						
33-05	Targeted Case Mgt Personal Care Services Non-Claim Specific Recovery	M	018	177			4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210		COS is manually assigned or claim specific
33-07	Targeted Case Mgt Developmentally Disabled	M	018	174						
33-08	Targeted Case Mgt Developmentally Disabled Non-Claim Specific Recovery	M	018	174			4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210		COS is manually assigned or claim specific
33-10	Targeted Case Mgt - EPSDT	M	018	175						

MAR COS	COS Name	Claim Type	Prov Type	Prov Spec List	Proc Group List	Diag Group List	Trans Code	RSN Code	Other	Other
33-11	Targeted Case Mgt - EPSDT Non-Claim Specific Recovery	M	018	175			4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210		COS is manually assigned or claim specific
34-01	Developmentally Disabled Center	M	013	132					Ds: 28405 28406 28409 28414 28415 28420 28421	
34-01	Developmentally Disabled Center	M	013	130						
34-02	Developmentally Disabled Center Crossover	Y	013	130						
34-03	Developmentally Disabled Center Non-Claim Specific Recover	M Y	013	130			4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210		COS is manually assigned or claim specific
35-01	Rehabilitation Mental Health	M	013	131						

MAR COS	COS Name	Claim Type	Prov Type	Prov Spec List	Proc Group List	Diag Group List	Trans Code	RSN Code	Other	Other
35-02	Rehabilitation Mental Health Crossover	Y	013	131						
35-03	Rehabilitation Mental Health Non-Claim Specific Recovery	M Y	013	131			4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210		COS is manually assigned or claim specific
36-01	School Based Services	M	013	132	23,24, 26,28, 27					
36-02	School Based Services Non-Claim Specific Recovery	M	013	132			4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210		COS is manually assigned or claim specific
36-04	School District Match		013	132				217		COS is manually assigned
36-05	Pregnant Teen Services	M	018	178						
36-06	Pregnant Teen Services Non-Claim Specific Recovery	M	018	178			4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210		COS is manually assigned or claim specific
36-08	Pregnant Teen Services Match		018					218		COS is manually assigned

MAR COS	COS Name	Claim Type	Prov Type	Prov Spec List	Proc Group List	Diag Group List	Trans Code	RSN Code	Other	Other
37-01	Ambulatory Surgery Center	M, O	022 001	209						Bill Type 831 for C/T O
37-02	Ambulatory Surgery Center Crossover	X, Y	022 001							Bill Type 831 for C/T X
37-03	Ambulatory Surgery Center Abortion Federal	M O	022 001	209					EOB 1)ABL 2)ABR 3)ABI	Bill Type 831 for C/T O
37-04	Ambulatory Surgery Center Sterilization	M O	022 001	209	1	1				Bill Type 831 for C/T O
37-05	Ambulatory Surgery Center Non-Claim Specific Recovery	M Y O X	022 001	209			4,5, 12-14, 122, 132, 139-140, 166 173-174	1-10 15 117-119 208 210	Bill Type 831 for C/T X	COS is manually assigned or claim specific
38-01	Outpatient Rehabilitation Comprehensive Outpatient Rehab Facility (CORF)	O	001	005						

MAR COS	COS Name	Claim Type	Prov Type	Prov Spec List	Proc Group List	Diag Group List	Trans Code	RSN Code	Other	Other
38-02	Outpatient Rehabilitation Comprehensive Outpatient Rehab Facility (CORF) Crossover	X	001	005						
38-03	Outpatient Rehabilitation Comprehensive Outpatient Rehab Facility (CORF) Non-Claim Specific Recovery	O X	001	005			4,5 12-14 122, 132 139-140 166 173-174	1-10 15 117-119 208 210		COS is manually assigned or claim specific
39-01	Managed Care Organization Capitation	M	025	234	18					
39-02	Managed Care Organization Recovery	M	025	234 235 236 237			122,131,132, 139,140,141, 162, 165,166 173-175	11-14 202,205, 212		COS is manually assigned or claim specific
40-01	H. C. Case Management Fee	M	025	238	19					
40-02	Lock-in Case Management Fee	M			22					

MAR COS	COS Name	Claim Type	Prov Type	Prov Spec List	Proc Group List	Diag Group List	Trans Code	RSN Code	Other	Other
40-03	H. C. & Lock-in Case Management Fee Recovery	M					122,131,132,139,140,141,162,165,166173-175	11-14202,205,212		COS is manually assigned or claim specific
41-01	Part A Premiums Buy-in						61,65	209		REBY Screen
41-02	Part B Premiums Buy-in						61,65	209		REBZ Screen
41-03	Group Health Plan (Premiums)						60-70	160		
41-04	Insurance Premiums Recovery						122,131,132,139,140,141,162,165,166173-175	11-14202,205,212		COS is manually assigned
41-05	Medicare Premium Recovery						122,131,132,139,140,141,162,165,166173-175	11-14202,205,212		COS is manually assigned
42-01	Unknown-default									Cannot be manually assigned
42-02	Claim Type L Unknown-default	L								Cannot be manually assigned
42-03	Claim Type M Unknown-default	M								Cannot be manually assigned

MAR COS	COS Name	Claim Type	Prov Type	Prov Spec List	Proc Group List	Diag Group List	Trans Code	RSN Code	Other	Other
42-04	Claim Type D Unknown-default	D								Cannot be manually assigned
42-05	Claim Type N Unknown-default	N								Cannot be manually assigned
42-06	Claim Type I Unknown-default	I								Cannot be manually assigned
42-07	Unknown-default	Q								Cannot be manually assigned
42-08	Claim Type H Unknown-default	H								Cannot be manually assigned
42-09	Claim Type O Unknown-default	O								Cannot be manually assigned
42-10	Claim Type W Unknown-default	W								Cannot be manually assigned
42-11	Claim Type X Unknown-default	X								Cannot be manually assigned
42-12	Claim Type Y Unknown-default	Y								Cannot be manually assigned
42-13	TPR Unknown-default									Cannot be manually assigned
43-01	Abortion, State Funded	I O M							Funding Source C	EOB 4)ABH

MAR COS	COS Name	Claim Type	Prov Type	Prov Spec List	Proc Group List	Diag Group List	Trans Code	RSN Code	Other	Other
43-02	Other, State Funded								Funding Source C	Exclude EOBs ABH ABI ABR ABL
44-01	NATCEP (Administratio n Cost)							26		COS is manually assigned
45-01	State Interest Received, Other							30		COS is manually assigned
45-02	State Interest Received, SURS							30		COS is manually assigned
45-03	State Interest Received, Fraud							30		COS is manually assigned
45-04	State Penalties and Fines, Other							29		COS is manually assigned
45-05	State Penalties and Fines, SURS							61		COS is manually assigned
45-06	State Penalties and Fines, Fraud							77		COS is manually assigned
45-07	State Interest Paid							148		
46-01	Liens, General							204		
47-01	Parental Share							15		

Category of Service - Federal

Last Change Date: 10/26/98, Revision 4/12/05 to add table header

Code	Description
01	Inpatient Hospital Services
02	Other Mental Health Facility
04	Inpatient Psychiatric Facility Services for Individuals 21 Years and Under
05	ICF Services for the Mentally Retarded
07	Nursing Facility (NF) Services
08	Physicians' Services
09	Dental Services
10	Other Licensed Practitioners' Services
11	Outpatient Hospital Services
12	Other Clinic Services
13	Home Health Services
14	Other Family Planning Services
15	Lab and X-Ray Services
16	Prescribed Drugs
17	EPSDT
18	Rural Health Clinic Services
19	Other Services
20	Capitated Payments to HMO or HIO Plan
21	Capitated Payments to Prepaid Health Plans (PHPs)
22	Capitated Payments for Primary Care Case Management
23	Federally Qualified Health Center (FQHC) Services
24	Sterilization
25	Abortions
26	Transportation Services
30	Personal Care Services
31	Targeted Case Management
32	Home and Community Based Care for Disabled Individuals Age 65 or Older
33	Rehabilitation Services
34	PT,OT, and Services for Speech, Hearing and Language Disorders
35	Hospice Benefits

Code	Description
36	Nurse Midwife
37	Nurse Practitioner Services
38	Private Duty Nursing
39	Christian Science Practitioners
40	Home and Community Based Waiver Services
99	Invalid or Unknown codes

Category of Service Federal - 1999

Last Change Date: 04/01/2003, Update 4/12/05 to add table header

Code	Description
01	Inpatient Hospital
02	Mental Health Services for the Aged
04	Inpatient Psychiatric Facility Services for Individuals Age 21 Years and Under
05	ICF Services for the Mentally Retarded
07	NF'S – All Other
08	Physicians
09	Dental
10	Other Practitioners
11	Outpatient Hospital
12	Clinic
13	Home Health
15	Lab and X-Ray
16	Prescribed Drugs
19	Other Services
20	Capitated Payments to HMO or HIO Plan
21	Capitated Payments to Prepaid Health Plans (PHPs)
22	Capitated Payments for Primary Care Case Management (PCCM)
24	Sterilizations
25	Abortions
26	Transportation Services
30	Personal Care Services
31	Targeted Case Management
33	Rehabilitation Services
34	PT, OT, Speech, Hearing Language
35	Hospice Benefits
36	Nurse Practitioner
37	Nurse Practitioner Services
38	Private Duty Nursing
39	Religious Non-Medical Health Care Institutions
99	Invalid or Unknown codes

Category of Service - State

Last Change Date: 05/25/2005

MAR-COS	COS Name	TASK CODE
01-01	Inpatient	0100
01-02	Inpatient Crossover	0100
01-03	Inpatient Sterilization	1300
01-04	Inpatient Abortion Federal	1400
01-05	Inpatient Family Planning	2950
01-06	Inpatient PWC-Parent	0100
01-07	Inpatient PWC-Child	0100
01-08	Inpatient Non-Claim Specific Recovery	0100
01-10	Inpatient Disproportionate Share	0150
01-11	Inpatient Cost Settlement	0190
01-12	Inpatient Administratively Necessary Days	0100
01-13	Inpatient Swing Bed	0100
01-14	Inpatient Mental Health Diagnosis	0100
01-15	Inpatient ISSH	0180
02-01	Outpatient	0600
02-02	Outpatient Crossover	0600
02-03	Outpatient Sterilization	1300
02-04	Outpatient Abortion Federal	1400
02-05	Outpatient Family Planning	2950
02-06	Outpatient PWC-Parent	0600
02-07	Outpatient PWC-Child	0600
02-08	Outpatient EPSDT Screen	1500
02-09	Outpatient Laboratory	1100
02-10	Outpatient Non-Claim Specific Recovery	0600
02-12	Outpatient Cost Settlement	0690
02-13	Outpatient Surgery	0600
02-14	Outpatient Mental Health Diagnosis	0600
02-15	Outpatient ISSH	0680
03-01	Physician	0500
03-02	Physician Crossover	0500
03-03	Physician Lab Services	1100
03-04	Physician Lab Crossover	1100
03-05	Physician Radiology	1100
03-06	Physician Radiology Crossover	1100
03-07	Physician Sterilization	1300
03-08	Physician Abortion Federal	1400
03-09	Physician Family Planning	2950
03-10	Physician PWC-Parent	0500
03-11	Physician PWC-Child	0500
03-12	Physician EPSDT Screen	1500
03-13	Physician Non-Claim Specific Recovery	0500
03-15	Physician Mental Health Diagnosis	0500
03-16	Physician ISSH	0580
03-18	Physician SHS Mental Health	0560
03-17	Physician ISSH Family Planning	2985

MAR-COS	COS Name	TASK CODE
04-01	Prescribed Drugs	0700
04-02	Drugs, Nursing Facility	0700
04-03	Drugs, ICF/MR	0700
04-04	Drugs, Family Planning	2950
04-05	Drugs, PWC-Parent	0700
04-06	Drugs, PWC-Child	0700
04-07	Drug Non-Claim Specific Recovery	0700
04-09	Drug Rebate National	0790
04-10	Drug Rebate Sidebar	0795
04-11	Drugs ISSH ICF/MR	0780
04-12	Drugs ISSH Family Planning	2980
04-13	Drugs SHN	0700
04-14	Drugs SHS	0760
05-01	Nursing Facility	0300
05-02	Nursing Facility Non-Claim Specific Recovery	0300
05-04	Nursing Facility Crossover Part A	0300
05-05	Nursing Facility Cost Settlement	0390
05-06	Nursing Facility-ECF SHS	0360
05-07	Veterans Home	0320
06-01	ICF/MR ISSH	0480
06-02	ICF/MR Private	0400
06-03	ICF/MR State	0480
06-04	ICF/MR Non-Claim Specific Recovery	0400
06-06	ICF/MR Cost Settlement - Private	0490
06-07	ICF/MR Cost Settlement - ISSH	0485
06-08	IMD/NH Private -Over Age 64	0200
06-09	IMD/NH Private - Under Age 22	0200
06-10	IMD/NH Private Non-Claim Specific Recovery	0200
07-01	Mental Health Facility, SHS-Age <22	0260
07-02	Mental Health Facility Non-Claim Specific Recovery	0260
07-04	Inpatient Mental Disorder, Age >21	0200
07-05	Inpatient Mental Disorder SHS under 22	0260
08-01	Dental Adult	0800
08-02	Dentures, Adult	0800
08-03	Dental Non-Claim Specific Recovery	0800
08-05	Dental Children	0800
08-06	Dentures, Children	0800
08-07	Dental ISSH	0880
09-01	MH Clinic Crossover	1000
09-02	MH Clinic Private	1000
09-03	MH Clinic Regional	1000
09-04	Mental Health Clinic SHN	1000
09-05	MH Clinic Regional Crossover	1000
09-06	Mental Health Clinic SHS	1060
09-07	Mental Health Clinic Non-Claim Specific Recovery	1000
09-09	Clinic, Diagnostic Services	1010
09-10	Clinic, Diagnostic Services Crossover	1010
09-11	Clinic, Diagnostic Services Non-Claim Specific Recovery	1010
09-13	Psychologist Crossover	0900

MAR-COS	COS Name	TASK CODE
10-01	Independent Lab	1100
10-02	Independent Lab Crossover	1100
10-03	Independent Lab Family Planning	2950
10-04	Independent Lab Abortion Federal	1400
10-05	Independent Lab Sterilization	1300
10-06	Independent Lab PWC-Parent	1100
10-07	Independent Lab PWC-Child	1100
10-08	Lab Non-Claim Specific Recovery	1100
10-10	Independent Radiology Tech Services	1100
10-11	Independent Radiology Tech Services Family Planning	2950
10-12	Independent Radiology Tech Services PWC-Parent	1100
10-13	Independent Radiology Tech Services PWC-Child	1100
10-14	Independent Radiology Tech Services Crossover	1100
10-15	Independent Radiology Tech Services, Non-Claim Specific Recovery	1100
10-17	Contract Laboratory	1100
10-18	Contract Radiology	1100
10-19	ISSH Lab	1180
11-01	Home Health Private	1200
11-02	Home Health Crossover	1200
11-03	Home Health Non-Claim Specific Recovery	1200
11-05	Home Health Cost Settlement	1290
12-01	Rural Health Clinic	1600
12-02	RHC Sterilization	1300
12-03	RHC Abortion Federal	1400
12-04	RHC Family Planning	2950
12-05	Rural Health Clinic PWC-Parent	1600
12-06	Rural Health Clinic PWC-Child	1600
12-07	RHC EPSDT Screen	1500
12-08	RHC Non-Claim Specific Recovery	1600
12-10	RHC Cost Settlement	1690
12-11	RHC Crossover	1600
13-01	Hospice	2600
13-02	Hospice Crossover	2600
13-03	Hospice Non-Claim Specific Recovery	2600
14-01	FQHC	2800
14-02	FQHC Crossover	2800
14-03	FQHC Sterilization	1300
14-04	FQHC Abortion Federal	1400
14-05	FQHC Family Planning	2950
14-06	FQHC PWC-Parent	2800
14-07	FQHC PWC-Child	2800
14-08	FQHC EPSDT Screen	1500
14-09	FQHC Non-Claim Specific Recovery	2800
14-11	FQHC Cost Settlement	2890
15-01	Indian Health Service Clinic	2900
15-02	Indian Health Service Clinic Crossover	2900
15-03	Indian Health Center Sterilization	2900
15-04	Federal Indian Health Center Abortion	2900
15-05	Indian Health Center Family Planning	2900
15-06	Indian Health Service Clinic PWC-Parent	2900

MAR-COS	COS Name	TASK CODE
15-07	Indian Health Service Clinic PWC-Child	2900
15-08	Indian Health Center EPSDT Screen	2900
15-09	Indian Health Service Clinic Non-Claim Specific Recovery	2900
1510	Indian Health Pharmacy	0710
16-01	District Health	2960
16-02	District Health Family Planning	2950
16-03	District Health EPSDT	1500
16-04	District Health PWC-Parent	2960
16-05	District Health PWC-Child	2960
16-06	District Health Non Claim Specific Recovery	2960
17-01	Chiropractor	0900
17-02	Chiropractor Non-Claim Specific Recovery	0900
17-04	Chiropractor Crossover	0900
18-01	Nurse Practitioner	0900
18-02	Nurse Practitioner Sterilization	1300
18-03	Nurse Practitioner, Abortion Federal	1400
18-04	Nurse Practitioner, Family Planning	2950
18-05	Nurse Practitioner, PWC-Parent	0900
18-06	Nurse Practitioner PWC-Child	0900
18-07	Nurse Practitioner, EPSDT Screen	1500
18-08	Nurse Practitioner Non Claim Specific Recovery	0900
19-01	Nursing-Private Duty	1200
19-02	Nursing Private Duty Non Claim Specific Recovery	1200
19-04	Nursing Crossover	1200
20-01	Podiatrist Services	0900
20-02	Podiatrist Crossover	0900
20-03	Podiatrist Non-Claim Specific Recovery	0900
21-01	Optometrist Services	0900
21-02	Optometrist Supplies	2960
21-03	Optometrist Crossover	0900
21-04	Optometrist Non-Claim Specific Recovery	0900
22-01	Optician Services	2960
22-02	Optician Supplies	2960
22-03	Optician Non-Claim Specific Recovery	2960
23-01	Independent Optometric Supplies	2960
23-02	Independent Optometric Supplies, Non-Claim Specific Recovery	2960
24-01	Transportation	2916
24-02	Transportation PWC-Parent	2916
24-03	Transportation PWC-Child	2916
24-04	Transportation Non-Claim Specific Recovery	2916
24-06	Ambulance	2916
24-07	Ambulance PWC-Parent	2916
24-08	Ambulance PWC-Child	2916
24-09	Ambulance Crossover	2916
24-10	Ambulance Non-Claim Specific Recovery	2916
25-01	Physical Therapy	2960
25-02	Physical Therapy Crossover	2960
25-03	Physical Therapy Non-Claim Specific Recovery	2960
26-01	Certified Registered Nurse Anesthetist	0900

MAR-COS	COS Name	TASK CODE
26-02	Certified Register Nurse Anesthetist Sterilization	1300
26-03	Certified Registered Nurse Anesthetist Abortion Federal	1400
26-04	Certified Registered Nurse Anesthetist Crossover	0900
26-05	Certified Registered Nurse Anesthetist PWC-Parent	0900
26-06	Certified Registered Nurse Anesthetist PWC-Child	0900
26-07	Certified Registered Nurse Anesthetist Non-Claim Specific Recovery	0900
27-01	Audiologist	2960
27-02	Audiologist Crossover	2960
27-03	Audiologist Prosthetic Acoustic (Hearing Aids)	2960
27-04	Audiologist Supplies, Other	2960
27-05	Audiologist Non-Claim Specific Recovery	2960
27-07	Audiologist ISSH (Speech and Hearing)	2960
28-01	Prosthetic/Orthotic	2960
28-02	Prosthetic/Orthotic Crossover	2960
28-03	Prosthetic/Orthotic Non-Claim Specific Recovery	2960
29-01	Medical Supplies	2960
29-02	Medical Supplies Crossover	2960
29-03	Medical Supplies Non-Claim Specific Recovery	2960
30-01	Durable Medical Equipment/Supplies	2960
30-02	Durable Medical Equipment/Supplies Crossover	2960
30-03	Durable Medical Equipment/Supplies Non-Claim Specific Recovery	2960
31-01	PCS Waiver Aged/Disabled 1099	1910
31-02	PCS Waiver Aged/Disabled W2	1912
31-03	PCS Waiver Aged/Disabled Non-Claim Specific Recovery	1910
31-05	PCS Waiver HCBS Aged/Disabled 1099	1910
31-06	PCS Waiver HCBS Aged/Disabled W2	1912
31-07	PCS Waiver HCBS Aged/Disabled Non-Claim Specific Recovery	1910
31-09	DD - Waiver, 1099	1930
31-10	DD - Waiver, W2	1932
31-11	DD - Waiver, Non-Claim Specific Recovery	1930
31-13	DD HCBS- Waiver, 1099	1930
31-14	DD HCBS - Waiver, W2	1932
31-15	DD HCBS - Waiver, Non-Claim Specific Recovery	1930
31-17	Special Targeted DD (ISSH) Waiver 1099	1920
31-18	Special Targeted DD (ISSH) Waiver W2	1932
31-19	Special Targeted DD (ISSH) Waiver Non-Claim Specific Recovery	1920
31-21	Special Targeted DD HCBS (ISSH) Waiver 1099	1920
31-22	Special Targeted DD HCBS (ISSH) Waiver W2	1932
31-23	Special Targeted DD HCBS (ISSH) Waiver Non-Claim Specific Recovery	1920
31-25	HCBS Waiver 1099 (Conversion Only)	1910
31-26	HCBS Waiver W-2 (Conversion Only)	1912
32-01	Personal Care Services Non-Waivered 1099	2300
32-02	Personal Care Services, Non-Waivered W2	2302

MAR-COS	COS Name	TASK CODE
32-03	Personal Care Services, Non-Waivered Non-Claim Specific Recovery	2300
32-04	School Based Services – Personal Care	0920
3205	TBI (Traumatic Brain Injury) 1099	1940
3206	HCBS/TBI (Traumatic Brain Injury) 1099	1940
33-01	Targeted Case Management Mental Health	2400
33-02	Target Case Mgt Mental Health Non-Claim Specific Recovery	2400
33-04	Targeted Case Mgt Personal Care Service	2400
33-05	Targeted Case Mgt Personal Care Services Non-Claim Specific Recovery	2400
33-07	Targeted Case Mgt Developmentally Disabled	2400
33-08	Targeted Case Mgt Developmentally Disabled Non-Claim Specific Recovery	2400
33-10	Targeted Case Mgt - EPSDT	2400
33-11	Targeted Case Mgt - EPSDT Non-Claim Specific Recovery	2400
34-01	Developmentally Disabled Center	2914
34-02	Developmentally Disabled Center Crossover	2914
34-03	Developmentally Disabled Center Non-Claim Specific Recover	2914
35-01	Rehabilitation Mental Health	1000
35-02	Rehabilitation Mental Health Crossover	1000
35-03	Rehabilitation Mental Health Non-Claim Specific Recovery	1000
36-01	School Based Services	0920
36-02	School Based Services Non-Claim Specific Recovery	0920
36-04	School District Match	0925
36-05	Pregnant Teen Services	0930
36-06	Pregnant Teen Services Non-Claim Specific Recovery	0930
36-08	Pregnant Teen Services Match	0935
37-01	Ambulatory Surgery Center	2910
37-02	Ambulatory Surgery Center Crossover	2910
37-03	Ambulatory Surgery Center Abortion Federal	1400
37-04	Ambulatory Surgery Center Sterilization	1300
37-05	Ambulatory Surgery Center Non-Claim Specific Recovery	2910
38-01	Outpatient Rehabilitation Comprehensive Outpatient Rehab Facility (CORF)	2960
38-02	Outpatient Rehabilitation Comprehensive Outpatient Rehab Facility (CORF) Crossover	2960
38-03	Outpatient Rehabilitation Comprehensive Outpatient Rehab Facility (CORF) Non-Claim Specific Recovery	2960
39-01	Managed Care Organization Capitation	2920
39-02	Managed Care Organization Recovery	2920
40-01	H. C. Case Management Fee	2500
40-02	Lock-in Case Management Fee	2500
40-03	H. C. & Lock-in Case Management Fee Recovery	2500
41-01	Part A Premiums Buy-in	1710
41-02	Part B Premiums Buy-in	1720
41-03	Group Health Plan (Premiums)	1830

MAR-COS	COS Name	TASK CODE
41-04	Insurance Premiums Recovery	1830
41-05	Medicare Premium Recovery	1710
42-01	Unknown-default	2990
42-02	Claim Type L Unknown-default	2990
42-03	Claim Type M Unknown-default	2990
42-04	Claim Type D Unknown-default	2990
42-05	Claim Type N Unknown-default	2990
42-06	Claim Type I Unknown-default	2990
42-07	Unknown-default	2990
42-08	Claim Type H Unknown-default	2990
42-09	Claim Type O Unknown-default	2990
42-10	Claim Type W Unknown-default	2990
42-11	Claim Type X Unknown-default	2990
42-12	Claim Type Y Unknown-default	2990
42-13	TPR Unknown-default	2990
43-01	Abortion, State Funded	6050
43-02	Other, State Funded	6060
44-01	NATCEP (Administration Cost)	0005
45-01	State Interest Received, Other	6010
45-02	State Interest Received, SURS	6012
45-03	State Interest Received, Fraud	6014
45-04	State Penalties and Fines, Other	6020
45-05	State Penalties and Fines, SURS	6022
45-06	State Penalties and Fines, Fraud	6024
45-07	State Interest Paid	2970
46-01	Liens, General	2960
47-01	Parental Share	5040

Category of Service - State and Federal Cross-Reference

Last Change Date: 9/21/00

State COS	Description	Fed COS	Description
01-01	Inpatient	01	Inpatient Hospital
01-02	Inpatient Crossover	01	Inpatient Hospital
01-03	Inpatient Sterilization	24	Sterilization
01-04	Inpatient Abortion Federal	25	Abortions
01-05	Inpatient Family Planning	14	Family Planning
01-06	Inpatient PWC-Parent	01	Inpatient Hospital
01-07	Inpatient PWC-Child	01	Inpatient Hospital
01-08	Inpatient Non-Claim Specific Recovery	-----	
01-10	Inpatient Disproportionate Share	-----	
01-11	Inpatient Cost Settlement	-----	
01-12	Inpatient Administratively Necessary Days	01	Inpatient Hospital
01-13	Inpatient Swing Bed	01	Inpatient Hospital
01-14	Inpatient Mental Health Diagnosis	01	Inpatient Hospital
01-15	Inpatient ISSH	01	Inpatient Hospital
02-01	Outpatient	11	Outpatient Hospital
02-02	Outpatient Crossover	11	Outpatient Hospital
02-03	Outpatient Sterilization	24	Sterilization
02-04	Outpatient Abortion Federal	25	Abortions
02-05	Outpatient Family Planning	14	Family Planning
02-06	Outpatient PWC-Parent	11	Outpatient Hospital
02-07	Outpatient PWC-Child	11	Outpatient Hospital
02-08	Outpatient EPSDT Screen	17	EPSDT
02-09	Outpatient Laboratory	15	Lab and X-Ray
02-10	Outpatient Non-Claim Specific Recovery	-----	
02-12	Outpatient Cost Settlement	-----	
02-13	Outpatient Surgery	11	Outpatient Hospital
02-14	Outpatient Mental Health Diagnosis	11	Outpatient Hospital
02-15	Outpatient ISSH	11	Outpatient Hospital
03-01	Physician	08	Physician
03-02	Physician Crossover	08	Physician
03-03	Physician Lab Services	15	Lab and X-Ray
03-04	Physician Lab Crossover	15	Lab and X-Ray
03-05	Physician Radiology	15	Lab and X-Ray
03-06	Physician Radiology Crossover	15	Lab and X-Ray
03-07	Physician Sterilization	24	Sterilization
03-08	Physician Abortion Federal	25	Abortions
03-09	Physician Family Planning	14	Family Planning
03-10	Physician PWC-Parent	08	Physician
03-11	Physician PWC-Child	08	Physician

State COS	Description	Fed COS	Description
03-12	Physician EPSDT Screen	17	EPSDT
03-13	Physician Non-Claim Specific Recovery	-----	
03-15	Physician Mental Health Diagnosis	08	Physician
03-16	Physician ISSH	08	Physician
03-17	Physician ISSH Family Planning	14	Family Planning
04-01	Prescribed Drugs	16	Drugs
04-02	Drugs, Nursing Facility	16	Drugs
04-03	Drugs, ICF/MR	16	Drugs
04-04	Drugs, Family Planning	14	Family Planning
04-05	Drugs, PWC-Parent	16	Drugs
04-06	Drugs, PWC-Child	16	Drugs
04-07	Drug Non-Claim Specific Recovery	-----	
04-09	Drug Rebate National	-----	
04-10	Drug Rebate Sidebar	-----	
04-11	Drugs ISSH ICF/MR	16	Drugs
04-12	Drugs ISSH Family Planning	14	Family Planning
04-13	Drugs SHN	16	Drugs
04-14	Drugs SHS	16	Drugs
05-01	Nursing Facility	07	NF's - All Other
05-02	Nursing Facility Non-Claim Specific Recovery	-----	
05-04	Nursing Facility Crossover Part A	07	NF's - All Other
05-05	Nursing Facility Cost Settlement	-----	
05-06	Nursing Facility-ECF SHS	07	ICF - All Other
05-07	Verterans Home	07	ICF All Others
06-01	ICF/MR ISSH	05	ICF/MR
06-02	ICF/MR Private	05	ICF/MR
06-03	ICF/MR State	05	ICF/MR
06-04	ICF/MR Non-Claim Specific Recovery	-----	
06-06	ICF/MR Cost Settlement - Private	-----	
06-07	ICF/MR Cost Settlement - ISSH	-----	
06-08	IMD/NH Private -Over Age 64	02	Other Mental Health Facility
06-09	IMD/NH Private - Under Age 22	04	Inpatient Psych Facility <22
06-10	IMD/NH Private Non-Claim Specific Recovery	-----	
07-01	Mental Health Facility, SHS-Age <22	04	Inpatient Psych Facility <22
07-02	Mental Health Facility Non-Claim Specific Recovery	-----	
07-04	Inpatient Mental Disorder, Age >21	02	Other Mental Health Facility
07-05	Inpatient Mental Disorder SHS under 22	04	Inpatient Psych Facility <22
08-01	Dental Adult	09	Dental
08-02	Dentures, Adult	09	Dental
08-03	Dental Non-Claim Specific Recovery	-----	
08-05	Dental Children	09	Dental
08-06	Dentures, Children	09	Dental
08-07	Dental ISSH	09	Dental

State COS	Description	Fed COS	Description
09-01	MH Clinic Crossover	19	Other Services
09-02	MH Clinic Private	19	Other Services
09-03	MH Clinic Regional	19	Other Services
09-04	Mental Health Clinic SHN	19	Other Services
09-05	MH Clinic Regional Crossover	19	Other Services
09-06	Mental Health Clinic SHS	19	Other Services
09-07	Mental Health Clinic Non-Claim Specific Recovery	-----	
09-09	Clinic, Diagnostic Services	12	Clinic
09-10	Clinic, Diagnostic Services Crossover	12	Clinic
09-11	Clinic, Diagnostic Services Non-Claim Specific Recovery	-----	
09-13	Psychologist Crossover	10	Other Practitioners
10-01	Independent Lab	15	Lab and X-Ray
10-02	Independent Lab Crossover	15	Lab and X-Ray
10-03	Independent Lab Family Planning	14	Family Planning
10-04	Independent Lab Abortion Federal	25	Abortions
10-05	Independent Lab Sterilization	24	Sterilization
10-06	Independent Lab PWC-Parent	15	Lab and X-Ray
10-07	Independent Lab PWC-Child	15	Lab and X-Ray
10-08	Lab Non-Claim Specific Recovery	-----	
10-10	Independent Radiology Tech Services	15	Lab and X-Ray
10-11	Independent Radiology Tech Services Family Planning	14	Family Planning
10-12	Independent Radiology Tech Services PWC-Parent	15	Lab and X-Ray
10-13	Independent Radiology Tech Services PWC-Child	15	Lab and X-Ray
10-14	Independent Radiology Tech Services Crossover	15	Lab and X-Ray
10-15	Independent Radiology Tech Services, Non-Claim Specific Recovery	-----	
10-17	Contract Laboratory	15	Lab and X-Ray
10-18	Contract Radiology	15	Lab and X-Ray
10-19	ISSH Lab	15	Lab and X-Ray
11-01	Home Health Private	13	Home Health
11-02	Home Health Crossover	13	Home Health
11-03	Home Health Non-Claim Specific Recovery	-----	
11-05	Home Health Cost Settlement	-----	
12-01	Rural Health Clinic	18	Rural Health Clinic
12-02	RHC Sterilization	24	Sterilization
12-03	RHC Abortion Federal	25	Abortions
12-04	RHC Family Planning	14	Family Planning
12-05	Rural Health Clinic PWC-Parent	18	Rural Health Clinic
12-06	Rural Health Clinic PWC-Child	18	Rural Health Clinic
12-07	RHC EPSDT Screen	17	EPSDT
12-08	RHC Non-Claim Specific Recovery	-----	
12-10	RHC Cost Settlement	-----	
12-11	RHC Crossover	18	Rural Health Clinic
13-01	Hospice	35	Hospice
13-02	Hospice Crossover	35	Hospice
13-03	Hospice Non-Claim Specific Recovery	-----	

State COS	Description	Fed COS	Description
14-01	FQHC	23	FQHC Services
14-02	FQHC Crossover	23	FQHC Services
14-03	FQHC Sterilization	24	Sterilization
14-04	FQHC Abortion Federal	25	Abortions
14-05	FQHC Family Planning	14	Family Planning
14-06	FQHC PWC-Parent	23	FQHC Services
14-07	FQHC PWC-Child	23	FQHC Services
14-08	FQHC EPSDT Screen	17	EPSDT
14-09	FQHC Non-Claim Specific Recovery	-----	
14-11	FQHC Cost Settlement	-----	
15-01	Indian Health Service Clinic	12	Clinic
15-02	Indian Health Service Clinic Crossover	12	Clinic
15-03	Indian Health Center Sterilization	24	Sterilization
15-04	Federal Indian Health Center Abortion	25	Abortions
15-05	Indian Health Center Family Planning	14	Family Planning
15-06	Indian Health Service Clinic PWC-Parent	12	Clinic
15-07	Indian Health Service Clinic PWC-Child	12	Clinic
15-08	Indian Health Center EPSDT Screen	17	EPSDT
15-09	Indian Health Service Clinic Non-Claim Specific Recovery	-----	
16-01	District Health	08	Physician
16-02	District Health Family Planning	14	Family Planning
16-03	District Health EPSDT	17	EPSDT
16-04	District Health PWC-Parent	08	Physician
16-05	District Health PWC-Child	08	Physician
16-06	District Health Non Claim Specific Recovery	-----	
17-01	Chiropractor	10	Other Practitioners
17-02	Chiropractor Non-Claim Specific Recovery	-----	
17-04	Chiropractor Crossover	10	Other Practitioners
18-01	Nurse Practitioner	37	Nurse Practitioner
18-02	Nurse Practitioner Sterilization	24	Sterilization
18-03	Nurse Practitioner, Abortion Federal	25	Abortions
18-04	Nurse Practitioner, Family Planning	14	Family Planning
18-05	Nurse Practitioner, PWC-Parent	37	Nurse Practitioner
18-06	Nurse Practitioner PWC-Child	37	Nurse Practitioner
18-07	Nurse Practitioner, EPSDT Screen	17	EPSDT
18-08	Nurse Practitioner Non Claim Specific Recovery	-----	
19-01	Nursing-Private Duty	38	Private Duty Nursing
19-02	Nursing Private Duty Non Claim Specific Recovery	-----	
19-04	Nursing Crossover	38	Private Duty Nursing
20-01	Podiatrist Services	10	Other Practitioners
20-02	Podiatrist Crossover	10	Other Practitioners
20-03	Podiatrist Non-Claim Specific Recovery	-----	
21-01	Optometrist Services	10	Other Practitioners
21-02	Optometrist Supplies	10	Other Practitioners

State COS	Description	Fed COS	Description
21-03	Optometrist Crossover	10	Other Practitioners
21-04	Optometrist Non-Claim Specific Recovery	-----	
22-01	Optician Services	19	Other Services
22-02	Optician Supplies	19	Other Services
22-03	Optician Non-Claim Specific Recovery		
23-01	Independent Optometric Supplies	19	Other Services
23-02	Independent Optometric Supplies, Non-Claim Specific Recovery	-----	
24-01	Transportation	26	Transportation
24-02	Transportation PWC-Parent	26	Transportation
24-03	Transportation PWC-Child	26	Transportation
24-04	Transportation Non-Claim Specific Recovery	-----	
24-06	Ambulance	19	Other Services
24-07	Ambulance PWC-Parent	19	Other Services
24-08	Ambulance PWC-Child	19	Other Services
24-09	Ambulance Crossover	19	Other Services
24-10	Ambulance Non-Claim Specific Recovery	-----	
25-01	Physical Therapy	34	PT, OT, Speech, Hearing Language
25-02	Physical Therapy Crossover	34	PT,OT, Speech, Hearing Language
25-03	Physical Therapy Non-Claim Specific Recovery	-----	
26-01	Certified Registered Nurse Anesthetist	10	Other Practitioners
26-02	Certified Register Nurse Anesthetist Sterilization	24	Sterilization
26-03	Certified Registered Nurse Anesthetist Abortion Federal	25	Abortions
26-04	Certified Registered Nurse Anesthetist Crossover	10	Other Practitioners
26-05	Certified Registered Nurse Anesthetist PWC-Parent	10	Other Practitioners
26-06	Certified Registered Nurse Anesthetist PWC-Child	10	Other Practitioners
26-07	Certified Registered Nurse Anesthetist Non-Claim Specific Recovery	-----	
27-01	Audiologist	34	PT,OT Speech, Hearing Language
27-02	Audiologist Crossover	34	PT,OT Speech, Hearing Language
27-03	Audiologist Prosthetic Acoustic (Hearing Aids)	34	PT,OT Speech, Hearing Language
27-04	Audiologist Supplies, Other	34	PT,OT Speech, Hearing Language
27-05	Audiologist Non-Claim Specific Recovery	-----	
27-07	Audiologist ISSH (Speech and Hearing)	34	PT,OT Speech, Hearing Language
28-01	Prosthetic/Orthotic	19	Other Services
28-02	Prosthetic/Orthotic Crossover	19	Other Services
28-03	Prosthetic/Orthotic Non-Claim Specific Recovery	-----	

State COS	Description	Fed COS	Description
29-01	Medical Supplies	19	Other Services
29-02	Medical Supplies Crossover	19	Other Services
29-03	Medical Supplies Non-Claim Specific Recovery	-----	
30-01	Durable Medical Equipment/Supplies	19	Other Services
30-02	Durable Medical Equipment/Supplies Crossover	19	Other Services
30-03	Durable Medical Equipment/Supplies Non-Claim Specific Recovery	-----	
31-01	PCS Waiver Aged/Disabled 1099	32	Home & Community Based Services
31-02	PCS Waiver Aged/Disabled W2	32	Home & Community Based Services
31-03	PCS Waiver Aged/Disabled Non-Claim Specific Recovery	-----	
31-05	PCS Waiver HCBS Aged/Disabled 1099	32	Home & Community Based Services
31-06	PCS Waiver HCBS Aged/Disabled W2	32	Home & Community Based Services
31-07	PCS Waiver HCBS Aged/Disabled Non-Claim Specific Recovery	-----	
31-09	DD - Waiver, 1099	40	Home & Community Based Waivers
31-10	DD - Waiver, W2	40	Home & Community Based Waivers
31-11	DD - Waiver, Non-Claim Specific Recovery	-----	
31-13	DD HCBS- Waiver, 1099	40	Home & Community Based Waivers
31-14	DD HCBS - Waiver, W2	40	Home & Community Based Waivers
31-15	DD HCBS - Waiver, Non-Claim Specific Recovery	-----	
31-17	Special Targeted DD (ISSH) Waiver 1099	40	Home & Community Based Waivers
31-18	Special Targeted DD (ISSH) Waiver W2	40	Home & Community Based Waivers
31-19	Special Targeted DD (ISSH) Waiver Non-Claim Specific Recovery	-----	
31-21	Special Targeted DD HCBS (ISSH) Waiver 1099	40	Home & Community Based Waivers
31-22	Special Targeted DD HCBS (ISSH) Waiver W2	40	Home & Community Based Waivers
31-23	Special Targeted DD HCBS (ISSH) Waiver Non-Claim Specific Recovery	-----	
31-25	HCBS Waiver 1099 (Conversion Only)	32	Home & Community Based Services
31-26	HCBS Waiver W-2 (Conversion Only)	32	Home & Community Based Services
32-01	Personal Care Services Non-Waivered 1099	30	Personal Care Services

State COS	Description	Fed COS	Description
32-02	Personal Care Services, Non-Waivered W2	30	Personal Care Services
32-03	Personal Care Services, Non-Waivered Non-Claim Specific Recovery	-----	
32-04	School Based Service – Personal Care	30	Personal Care Services
3205	TBI (Traumatic Brain Injury) 1099	40	Home & Community Based Waivers
3206	HCBS (Traumatic Brain Injury) 1099	40	Home & Community Based Waivers
33-01	Targeted Case Management Mental Health	31	Targeted Case Management
33-02	Target Case Mgt Mental Health Non-Claim Specific Recovery	-----	
33-04	Targeted Case Mgt Personal Care Service	31	Targeted Case Management
33-05	Targeted Case Mgt Personal Care Services Non-Claim Specific Recovery	-----	
33-07	Targeted Case Mgt Developmentally Disabled	31	Targeted Case Management
33-08	Targeted Case Mgt Developmentally Disabled Non-Claim Specific Recovery	-----	
33-10	Targeted Case Mgt - EPSDT	17	EPSDT
33-11	Targeted Case Mgt - EPSDT Non-Claim Specific Recovery	-----	
34-01	Developmentally Disabled Center	19	Other Services
34-02	Developmentally Disabled Center Crossover	19	Other Services
34-03	Developmentally Disabled Center Non-Claim Specific Recovery	-----	
35-01	Rehabilitation Mental Health	33	Rehabilitation Services
35-02	Rehabilitation Mental Health Crossover	33	Rehabilitation Services
35-03	Rehabilitation Mental Health Non-Claim Specific Recovery	-----	
36-01	School Based Services	19	Other Services
36-02	School Based Services Non-Claim Specific Recovery	-----	
36-04	School District Match	19	Other Services
36-05	Pregnant Teen Services	19	Other Services
36-06	Pregnant Teen Services Non-Claim Specific Recovery	-----	
36-08	Pregnant Teen Services Match	-----	
37-01	Ambulatory Surgery Center	12	Clinic
37-02	Ambulatory Surgery Center Crossover	12	Clinic
37-03	Ambulatory Surgery Center Abortion Federal	25	Abortions
37-04	Ambulatory Surgery Center Sterilization	24	Sterilizations
37-05	Ambulatory Surgery Center Non-Claim Specific Recovery	-----	

State COS	Description	Fed COS	Description
38-01	Outpatient Rehabilitation Comprehensive Outpatient Rehab Facility (CORF)	33	Rehabilitation Services
38-02	Outpatient Rehabilitation Comprehensive Outpatient Rehab Facility (CORF) Crossover	33	Rehabilitation Services
38-03	Outpatient Rehabilitation Comprehensive Outpatient Rehab Facility (CORF) Non-Claim Specific Recovery	-----	
39-01	Managed Care Organization Capitation	-----	
39-02	Managed Care Organization Recovery	-----	
40-01	H. C. Case Management Fee	22	Capitated Payments for Primary Care Case Management (PCCM)
40-02	Lock-in Case Management Fee	08	Physician
40-03	H. C. & Lock-in Case Management Fee Recovery	-----	
41-01	Part A Premiums Buy-in	-----	
41-02	Part B Premiums Buy-in	-----	
41-03	Group Health Plan (Premiums)	-----	
41-04	Insurance Premiums Recovery	-----	
41-05	Medicare Premium Recovery	-----	
42-01	Unknown-default	99	Invalid or Unknown
42-02	Claim Type L Unknown-default	99	Invalid or Unknown
42-03	Claim Type M Unknown-default	99	Invalid or Unknown
42-04	Claim Type D Unknown-default	99	Invalid or Unknown
42-05	Claim Type N Unknown-default	99	Invalid or Unknown
42-06	Claim Type I Unknown-default	99	Invalid or Unknown
42-07	Unknown-default	99	Invalid or Unknown
42-08	Claim Type H Unknown-default	99	Invalid or Unknown
42-09	Claim Type O Unknown-default	99	Invalid or Unknown
42-10	Claim Type W Unknown-default	99	Invalid or Unknown
42-11	Claim Type X Unknown-default	99	Invalid or Unknown
42-12	Claim Type Y Unknown-default	99	Invalid or Unknown
42-13	TPR Unknown-default	-----	
43-01	Abortion, State Funded	-----	
43-02	Other, State Funded	-----	
44-01	NATCEP (Administration Cost)	-----	
45-01	State Interest Received, Other	-----	
45-02	State Interest Received, SURS	-----	
45-03	State Interest Received, Fraud	-----	
45-04	State Penalties and Fines, Other	-----	
45-05	State Penalties and Fines, SURS	-----	
45-06	State Penalties and Fines, Fraud	-----	
45-07	State Interest Paid		
46-01	Liens, General		

State COS	Description	Fed COS	Description
47-01	Parental Share		

Category of Service - State and Federal Cross-Reference FFY 1999

Last Change Date: 08/12/2004

State COS	Description	Fed COS	PGM Type	Description
01-01	Inpatient	01		Inpatient Hospital
01-02	Inpatient Crossover	01		Inpatient Hospital
01-03	Inpatient Sterilization	24	2	Sterilization
01-04	Inpatient Abortion Federal	25		Abortions
01-05	Inpatient Family Planning	01	2	Inpatient Hospital
01-06	Inpatient PWC-Parent	01		Inpatient Hospital
01-07	Inpatient PWC-Child	01		Inpatient Hospital
01-08	Inpatient Non-Claim Specific Recovery	-----		
01-10	Inpatient Disproportionate Share	-----		
01-11	Inpatient Cost Settlement	-----		
01-12	Inpatient Administratively Necessary Days	07		NF's - All Other
01-13	Inpatient Swing Bed	07		NF's - All Other
01-14	Inpatient Mental Health Diagnosis	01		Inpatient Hospital
01-15	Inpatient ISSH	01		Inpatient Hospital
02-01	Outpatient	11		Outpatient Hospital
02-02	Outpatient Crossover	11		Outpatient Hospital
02-03	Outpatient Sterilization	24	2	Sterilization
02-04	Outpatient Abortion Federal	25		Abortions
02-05	Outpatient Family Planning	11	2	Outpatient Hospital
02-06	Outpatient PWC-Parent	11		Outpatient Hospital
02-07	Outpatient PWC-Child	11		Outpatient Hospital
02-08	Outpatient EPSDT Screen	11	1	Outpatient Hospital
02-09	Outpatient Laboratory	15		Lab and X-Ray
02-10	Outpatient Non-Claim Specific Recovery	-----		
02-12	Outpatient Cost Settlement	-----		
02-13	Outpatient Surgery	11		Outpatient Hospital
02-14	Outpatient Mental Health Diagnosis	11		Outpatient Hospital
02-15	Outpatient ISSH	11		Outpatient Hospital
03-01	Physician	08		Physician
03-02	Physician Crossover	08		Physician

State COS	Description	Fed COS	PGM Type	Description
03-03	Physician Lab Services	15		Lab and X-Ray
03-04	Physician Lab Crossover	15		Lab and X-Ray
03-05	Physician Radiology	15		Lab and X-Ray
03-06	Physician Radiology Crossover	15		Lab and X-Ray
03-07	Physician Sterilization	24	2	Sterilization
03-08	Physician Abortion Federal	25		Abortions
03-09	Physician Family Planning	08	2	Physician
03-10	Physician PWC-Parent	08		Physician
03-11	Physician PWC-Child	08		Physician
03-12	Physician EPSDT Screen	08	1	Physician
03-13	Physician Non-Claim Specific Recovery	-----		
03-15	Physician Mental Health Diagnosis	08		Physician
03-16	Physician ISSH	08		Physician
03-17	Physician ISSH Family Planning	08	2	Physician
03-18	Physician SHS Psychiatrist	08		Physician
04-01	Prescribed Drugs	16		Drugs
04-02	Drugs, Nursing Facility	16		Drugs
04-03	Drugs, ICF/MR	16		Drugs
04-04	Drugs, Family Planning	16	2	Drugs
04-05	Drugs, PWC-Parent	16		Drugs
04-06	Drugs, PWC-Child	16		Drugs
04-07	Drug Non-Claim Specific Recovery	-----		
04-09	Drug Rebate National	-----		
04-10	Drug Rebate Sidebar	-----		
04-11	Drugs ISSH ICF/MR	16		Drugs
04-12	Drugs ISSH Family Planning	16	2	Drugs
04-13	Drugs SHN	16		Drugs
04-14	Drugs SHS	16		Drugs
05-01	Nursing Facility	07		NF's - All Other
05-02	Nursing Facility Non-Claim Specific Recovery	-----		
05-04	Nursing Facility Crossover Part A	07		NF's - All Other
05-05	Nursing Facility Cost Settlement	-----		
05-06	Nursing Facility-ECF SHS	07		ICF - All Other
05-07	Veterans Home	07		ICF – All Others
06-01	ICF/MR ISSH	05		ICF/MR
06-02	ICF/MR Private	05		ICF/MR
06-03	ICF/MR State	05		ICF/MR

State COS	Description	Fed COS	PGM Type	Description
06-04	ICF/MR Non-Claim Specific Recovery	-----		
06-06	ICF/MR Cost Settlement - Private	-----		
06-07	ICF/MR Cost Settlement - ISSH	-----		
06-08	IMD/NH Private -Over Age 64	02		Other Mental Health Facility
06-09	IMD/NH Private - Under Age 22	04		Inpatient Psych Facility <22
06-10	IMD/NH Private Non-Claim Specific Recovery	-----		
07-01	Mental Health Facility, SHS-Age <22	04		Inpatient Psych Facility <22
07-02	Mental Health Facility Non-Claim Spacific Recovery	-----		
07-04	Inpatient Mental Disorder, Age >21	02		Other Mental Health Facility
07-05	Inpatient Mental Disorder SHS under 22	04		Inpatient Psych Facility <22
08-01	Dental Adult	09		Dental
08-02	Dentures, Adult	09		Dental
08-03	Dental Non-Claim Specific Recovery	-----		
08-05	Dental Children	09	1	Dental
08-06	Dentures, Children	09	1	Dental
08-07	Dental ISSH	09		Dental
09-01	MH Clinic Crossover	12		Other Services
09-02	MH Clinic Private	12		Other Services
09-03	MH Clinic Regional	12		Other Services
09-04	Mental Health Clinic SHN	12		Other Services
09-05	MH Clinic Regional Crossover	12		Other Services
09-06	Mental Health Clinic SHS	12		Other Services
09-07	Mental Health Clinic Non-Claim Specific Recovery	-----		
09-09	Clinic, Diagnostic Services	12		Clinic
09-10	Clinic, Diagnostic Services Crossover	12		Clinic
09-11	Clinic, Diagnostic Services Non-Claim Specific Recovery	-----		
09-13	Psychologist Crossover	10		Other Practitioners
10-01	Independent Lab	15		Lab and X-Ray
10-02	Independent Lab Crossover	15		Lab and X-Ray
10-03	Independent Lab Family Planning	15	2	Family Planning

State COS	Description	Fed COS	PGM Type	Description
10-04	Independent Lab Abortion Federal	25		Abortions
10-05	Independent Lab Sterilization	24	2	Sterilization
10-06	Independent Lab PWC-Parent	15		Lab and X-Ray
10-07	Independent Lab PWC-Child	15		Lab and X-Ray
10-08	Lab Non-Claim Specific Recovery	-----		
10-10	Independent Radiology Tech Services	15		Lab and X-Ray
10-11	Independent Radiology Tech Services Family Planning	15	2	Family Planning
10-12	Independent Radiology Tech Services PWC-Parent	15		Lab and X-Ray
10-13	Independent Radiology Tech Services PWC-Child	15		Lab and X-Ray
10-14	Independent Radiology Tech Services Crossover	15		Lab and X-Ray
10-15	Independent Radiology Tech Services, Non-Claim Specific Recovery	-----		
10-17	Contract Laboratory	15		Lab and X-Ray
10-18	Contract Radiology	15		Lab and X-Ray
10-19	ISSH Lab	15		Lab and X-Ray
11-01	Home Health Private	13		Home Health
11-02	Home Health Crossover	13		Home Health
11-03	Home Health Non-Claim Specific Recovery	-----		
11-05	Home Health Cost Settlement	-----		
12-01	Rural Health Clinic	12	3	Clinic
12-02	RHC Sterilization	24	2	Sterilization
12-03	RHC Abortion Federal	25	3	Abortions
12-04	RHC Family Planning	12	2	Clinic
12-05	Rural Health Clinic PWC-Parent	12	3	Clinic
12-06	Rural Health Clinic PWC-Child	12	3	Clinic
12-07	RHC EPSDT Screen	12	1	Clinic
12-08	RHC Non-Claim Specific Recovery	-----		
12-10	RHC Cost Settlement	-----		
12-11	RHC Crossover	12	3	Clinic
13-01	Hospice	35		Hospice
13-02	Hospice Crossover	35		Hospice
13-03	Hospice Non-Claim Specific Recovery	-----		
14-01	FQHC	12	4	Clinic
14-02	FQHC Crossover	12	4	Clinic
14-03	FQHC Sterilization	24	2	Sterilization
14-04	FQHC Abortion Federal	25	4	Abortions
14-05	FQHC Family Planning	12	2	Clinic

State COS	Description	Fed COS	PGM Type	Description
14-06	FQHC PWC-Parent	12	4	Clinic
14-07	FQHC PWC-Child	12	4	Clinic
14-08	FQHC EPSDT Screen	12	1	Clinic
14-09	FQHC Non-Claim Specific Recovery	-----		
14-11	FQHC Cost Settlement	-----		
15-01	Indian Health Service Clinic	12	5	Clinic
15-02	Indian Health Service Clinic Crossover	12	5	Clinic
15-03	Indian Health Center Sterilization	24	2	Sterilization
15-04	Federal Indian Health Center Abortion	25	5	Abortions
15-05	Indian Health Center Family Planning	12	2	Clinic
15-06	Indian Health Service Clinic PWC-Parent	12	5	Clinic
15-07	Indian Health Service Clinic PWC-Child	12	5	Clinic
15-08	Indian Health Center EPSDT Screen	12	1	Clinic
15-09	Indian Health Service Clinic Non-Claim Specific Recovery	-----		
1510	Indian Health Pharmacy	12		Drugs
16-01	District Health	08		Physician
16-02	District Health Family Planning	08	2	Physician
16-03	District Health EPSDT	08	1	Physician
16-04	District Health PWC-Parent	08		Physician
16-05	District Health PWC-Child	08		Physician
16-06	District Health Non Claim Specific Recovery	-----		
17-01	Chiropractor	10		Other Practitioners
17-02	Chiropractor Non-Claim Specific Recovery	-----		
17-04	Chiropractor Crossover	10		Other Practitioners
18-01	Nurse Practitioner	37		Nurse Practitioner
18-02	Nurse Practitioner Sterilization	24	2	Sterilization
18-03	Nurse Practitioner, Abortion Federal	25		Abortions
18-04	Nurse Practitioner, Family Planning	37	2	Nurse Practitioner
18-05	Nurse Practitioner, PWC-Parent	37		Nurse Practitioner
18-06	Nurse Practitioner PWC-Child	37		Nurse Practitioner
18-07	Nurse Practitioner, EPSDT Screen	37	1	Nurse Practitioner
18-08	Nurse Practitioner Non Claim Specific Recovery	-----		
19-01	Nursing-Private Duty	38		Private Duty Nursing
19-02	Nursing Private Duty Non Claim Specific Recovery	-----		
19-04	Nursing Crossover	38		Private Duty Nursing
20-01	Podiatrist Services	10		Other Practitioners

State COS	Description	Fed COS	PGM Type	Description
20-02	Podiatrist Crossover	10		Other Practitioners
20-03	Podiatrist Non-Claim Specific Recovery	-----		
21-01	Optometrist Services	10		Other Practitioners
21-02	Optometrist Supplies	10		Other Practitioners
21-03	Optometrist Crossover	10		Other Practitioners
21-04	Optometrist Non-Claim Specific Recovery	-----		
22-01	Optician Services	19		Other Services
22-02	Optician Supplies	19		Other Services
22-03	Optician Non-Claim Specific Recovery			
23-01	Independent Optometric Supplies	19		Other Services
23-02	Independent Optometric Supplies, Non-Claim Specific Recovery	-----		
24-01	Transportation	26		Transportation
24-02	Transportation PWC-Parent	26		Transportation
24-03	Transportation PWC-Child	26		Transportation
24-04	Transportation Non-Claim Specific Recovery	-----		
24-06	Ambulance	26		Other Services
24-07	Ambulance PWC-Parent	26		Other Services
24-08	Ambulance PWC-Child	26		Other Services
24-09	Ambulance Crossover	26		Other Services
24-10	Ambulance Non-Claim Specific Recovery	-----		
25-01	Physical Therapy	34		PT, OT, Speech, Hearing Language
25-02	Physical Therapy Crossover	34		PT,OT, Speech, Hearing Language
25-03	Physical Therapy Non-Claim Specific Recovery	-----		
26-01	Certified Registered Nurse Anesthetist	10		Other Practitioners
26-02	Certified Register Nurse Anesthetist Sterilization	24	2	Sterilization
26-03	Certified Registered Nurse Anesthetist Abortion Federal	25		Abortions
26-04	Certified Registered Nurse Anesthetist Crossover	10		Other Practitioners
26-05	Certified Registered Nurse Anesthetist PWC-Parent	10		Other Practitioners
26-06	Certified Registered Nurse Anesthetist PWC-Child	10		Other Practitioners
26-07	Certified Registered Nurse Anesthetist Non-Claim Specific Recovery	-----		
27-01	Audiologist	34		PT,OT Speech, Hearing Language

State COS	Description	Fed COS	PGM Type	Description
27-02	Audiologist Crossover	34		PT,OT Speech, Hearing Language
27-03	Audiologist Prosthetic Acoustic (Hearing Aids)	34		PT,OT Speech, Hearing Language
27-04	Audiologist Supplies, Other	34		PT,OT Speech, Hearing Language
27-05	Audiologist Non-Claim Specific Recovery	-----		
27-07	Audiologist ISSH (Speech and Hearing)	34		PT,OT Speech, Hearing Language
28-01	Prosthetic/Orthotic	19		Other Services
28-02	Prosthetic/Orthotic Crossover	19		Other Services
28-03	Prosthetic/Orthotic Non-Claim Specific Recovery	-----		
29-01	Medical Supplies	19		Other Services
29-02	Medical Supplies Crossover	19		Other Services
29-03	Medical Supplies Non-Claim Specific Recovery	-----		
30-01	Durable Medical Equipment/Supplies	19		Other Services
30-02	Durable Medical Equipment/Supplies Crossover	19		Other Services
30-03	Durable Medical Equipment/Supplies Non-Claim Specific Recovery	-----		
31-01	PCS Waiver Aged/Disabled 1099	30	6	Personal Care Services
31-02	PCS Waiver Aged/Disabled W2	30	6	Personal Care Services
31-03	PCS Waiver Aged/Disabled Non-Claim Specific Recovery	-----		
31-05	PCS Waiver HCBS Aged/Disabled 1099	30	6	Personal Care Services
31-06	PCS Waiver HCBS Aged/Disabled W2	30	6	Personal Care Services
31-07	PCS Waiver HCBS Aged/Disabled Non-Claim Specific Recovery	-----		
31-09	DD - Waiver, 1099	19	7	Other Services
31-10	DD - Waiver, W2	19	7	Other Services
31-11	DD - Waiver, Non-Claim Specific Recovery	-----		
31-13	DD HCBS- Waiver, 1099	19	7	Other Services
31-14	DD HCBS - Waiver, W2	19	7	Other Services
31-15	DD HCBS - Waiver, Non-Claim Specific Recovery	-----		
31-17	Special Targeted DD (ISSH) Waiver 1099	19	7	Other Services
31-18	Special Targeted DD (ISSH) Waiver W2	19	7	Other Services

State COS	Description	Fed COS	PGM Type	Description
31-19	Special Targeted DD (ISSH) Waiver Non-Claim Specific Recovery	-----		
31-21	Special Targeted DD HCBS (ISSH) Waiver 1099	19	7	Other Services
31-22	Special Targeted DD HCBS (ISSH) Waiver W2	19		Other Services
31-23	Special Targeted DD HCBS (ISSH) Waiver Non-Claim Specific Recovery	-----		
31-25	HCBS Waiver 1099 (Conversion Only)	30	6	Personal Care Services
31-26	HCBS Waiver W-2 (Conversion Only)	30	6	Personal Care Services
32-01	Personal Care Services Non-Waivered 1099	30		Personal Care Services
32-02	Personal Care Services, Non-Waivered W2	30		Personal Care Services
32-03	Personal Care Services, Non-Waivered Non-Claim Specific Recovery	-----		
32-04	School Based Service – Personal Care	30		Personal Care Services
3205	TBI (Traumatic Brain Injury) 1099	19	7	Other Services
3206	TBI/HCBS (Traumatic Brain Injury) 1099	19	7	Other Services
33-01	Targeted Case Management Mental Health	31		Targeted Case Management
33-02	Target Case Mgt Mental Health Non-Claim Specific Recovery	-----		
33-04	Targeted Case Mgt Personal Care Service	31		Targeted Case Management
33-05	Targeted Case Mgt Personal Care Services Non-Claim Specific Recovery	-----		
33-07	Targeted Case Mgt Developmentally Disabled	31		Targeted Case Management
33-08	Targeted Case Mgt Developmentally Disabled Non-Claim Specific Recovery	-----		
33-10	Targeted Case Mgt - EPSDT	31	1	Targeted Case Management
33-11	Targeted Case Mgt - EPSDT Non-Claim Specific Recovery	-----		
34-01	Developmentally Disabled Center	19		Other Services
34-02	Developmentally Disabled Center Crossover	19		Other Services
34-03	Developmentally Disabled Center Non-Claim Specific Recovery	-----		
35-01	Rehabilitation Mental Health	33		Rehabilitation Services

State COS	Description	Fed COS	PGM Type	Description
35-02	Rehabilitation Mental Health Crossover	33		Rehabilitation Services
35-03	Rehabilitation Mental Health Non-Claim Specific Recovery	-----		
36-01	School Based Services	19		Other Services
36-02	School Based Services Non-Claim Specific Recovery	-----		
36-04	School District Match	19		Other Services
36-05	Pregnant Teen Services	19		Other Services
36-06	Pregnant Teen Services Non-Claim Specific Recovery	-----		
36-08	Pregnant Teen Services Match	-----		
37-01	Ambulatory Surgery Center	12		Clinic
37-02	Ambulatory Surgery Center Crossover	12		Clinic
37-03	Ambulatory Surgery Center Abortion Federal	25		Abortions
37-04	Ambulatory Surgery Center Sterilization	24	2	Sterilizations
37-05	Ambulatory Surgery Center Non-Claim Specific Recovery	-----		
38-01	Outpatient Rehabilitation Comprehensive Outpatient Rehab Facility (CORF)	33		Rehabilitation Services
38-02	Outpatient Rehabilitation Comprehensive Outpatient Rehab Facility (CORF) Crossover	33		Rehabilitation Services
38-03	Outpatient Rehabilitation Comprehensive Outpatient Rehab Facility (CORF) Non-Claim Specific Recovery	-----		
39-01	Managed Care Organization Capitation	-----		
39-02	Managed Care Organization Recovery	-----		
40-01	H. C. Case Management Fee	22		Capitated Payments for Primary Care Case Management (PCCM)
40-02	Lock-in Case Management Fee	08		Physician
40-03	H. C. & Lock-in Case Management Fee Recovery	-----		
41-01	Part A Premiums Buy-in	-----		
41-02	Part B Premiums Buy-in	-----		
41-03	Group Health Plan (Premiums)	-----		
41-04	Insurance Premiums Recovery	-----		
41-05	Medicare Premium Recovery	-----		

State COS	Description	Fed COS	PGM Type	Description
42-01	Unknown-default	99		Invalid or Unknown
42-02	Claim Type L Unknown-default	99		Invalid or Unknown
42-03	Claim Type M Unknown-default	99		Invalid or Unknown
42-04	Claim Type D Unknown-default	99		Invalid or Unknown
42-05	Claim Type N Unknown-default	99		Invalid or Unknown
42-06	Claim Type I Unknown-default	99		Invalid or Unknown
42-07	Unknown-default	99		Invalid or Unknown
42-08	Claim Type H Unknown-default	99		Invalid or Unknown
42-09	Claim Type O Unknown-default	99		Invalid or Unknown
42-10	Claim Type W Unknown-default	99		Invalid or Unknown
42-11	Claim Type X Unknown-default	99		Invalid or Unknown
42-12	Claim Type Y Unknown-default	99		Invalid or Unknown
42-13	TPR Unknown-default	-----		
43-01	Abortion, State Funded	-----		
43-02	Other, State Funded	-----		
44-01	NATCEP (Administration Cost)	-----		
45-01	State Interest Received, Other	-----		
45-02	State Interest Received, SURS	-----		
45-03	State Interest Received, Fraud	-----		
45-04	State Penalties and Fines, Other	-----		
45-05	State Penalties and Fines, SURS	-----		
45-06	State Penalties and Fines, Fraud	-----		
45-07	State Interest Paid			
46-01	Liens, General			
47-01	Parental Share			

Category of Service Grouping Indicators

Last Change Date: 04/11/05

01 Sterilization Diagnosis Code				V252			
CPT-4 Procedure Codes							
		54520	55450	58988	58982	58943	
		54530	56301	58661	58983	58950	
		57451	56302	58615	58550	58951	
		58600	56307	58700	58551	58952	
		54535	58605	58720	58670	58953	
		55250	58611	58940	58671	58954	
ICD-9 Surgical Procedure Codes							
		624	6372	6554	662	6632	666
		6241	6373	656	6621	6639	6661
		6242	655	6561	6622	664	6662
		6370	6551	6562	6629	665	6663
		6371	6552	6563	663	6651	6669
			6553	6564	6631	6652	6692

02 Family Planning			
	Procedure Codes	Diagnosis Codes	All Drugs with Therapeutic Class
	9390F	V157	G8A
	9395F	V25	G8B
	9396F	V250	G8C
	9397F	V251	G9A
	A4260	V2501	X1A
	J1055	V2502	XIB

02 Family Planning

	11975	V251	X1C
	11976	V254-V259	X1D
	11977	V2509	
	57170		
	58300		
	58301		
	A4266		
	S4993		
	7300J		
	J1056		
	J7300		
	J7302		

03 Dental Denture Codes

	D5110	D5130	D5211	D5213	D5421-D6980	
	D5120	D5140	D5212	D5214	0515D	

04 EPSDT Codes

EPSDT Diagnosis Codes

	V201					
	V202					

Periodic Screening CPT-4 Procedure Codes Physician and Outpatient

	99381	99385	99394	99403	99420	99433
	99382	99391	99395	99404	99429	99435
	99383	99392	99401	99411	99431	
	99384	99393	99402	99412	99432	

Nurse Practitioner Procedure Codes

	9381E	9383E	9385E	9392E	9394E	
	9382E	9384E	9391E	9393E	9395E	

04 EPSDT Codes

EPSDT Case Management Procedure Codes

	9361P	9362P				
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RN

	9401E	9402E	9403E	9404E		
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EPSDT Immunization Procedure Codes

	0100J	90713	90745	9669J	90632	90665
	90700	90716	9701J	9647J	90633	90675
	90701	90718	9702J	9699J	90634	90676
	90702	90720	9718J	90747	90636	90680
	90703	90721	9720J	90740	90645	90690
	90704	90724	9737J	90723	90646	90691
	90705	90732	9707J	90743	90647	90692
	90706	90733	9712J	90476	90648	90693
	90707	90737	9731J	90477	90657	
	90708	90741	9742J	90581	90658	
	90711	90742	9700J	90585	90659	
	90712	90744	9716J	90586	90660	

Rural Health EPSDT

	0999E					
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Additional EPSDT Immunization Procedure Codes

	90709	90717	90726	90730	90747	
	90710	90719	90727	90735	90748	
	90714	90725	90728	90746	90749	

EPSDT Lab Procedures



	8018E	8622E	8681E	8936E		
EPSDT Dietician Codes						
	9025E	S9470				

05 Laboratory Procedures						
	36415	8000089399	9900099001	G0001		
Outpatient Laboratory Revenue Codes (Revenue Code File does not carry the MAR Grouping Indicator)						
	300	305	309	312		
	301	306	310	314		
	302	307	311	319		

06 Radiology Procedures						
	7000079999					

07 Vision Service Codes						
	92002	92081	92230	92286	92330	92371
	92004	92082	92235	92287	92335	VIS98
	92012	92083	92240	92310	92340	V0105
	92014	92100	92250	92311	92341	V0110
	92015	92120	92260	92312	92342	V2030
	92018	92130	92265	92313	92352	V2799
	92019	92135	92270	92314	92353	0714V
	92020	92136	92275	92315	92354	0719V
	92060	92140	92283	92316	92355	
	92065	92225	92284	92317	92358	

	92070	92226	92285	92325	92370	
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08 Vision Supply Codes						
	2025V	V2108	V2207	V2305	V2499	V2630
	92326	V2109	V2208	V2306	V2500	V2631
	92390	V2110	V2209	V2307	V2501	V2632
	92391	V2111	V2210	V2308	V2502	V2700
	92392	V2112	V2211	V2309	V2503	V2710
	92395	V2113	V2212	V2310	V2510	V2715
	92396	V2114	V2213	V2311	V2511	V2718
	V0390	V2115	V2214	V2312	V2512	V2730
	V1385	V2116	V2215	V2313	V2513	V2740
	V2020	V2117	V2216	V2314	V2520	V2741
	V2025	V2118	V2217	V2315	V2521	V2742
	V2100	V2199	V2218	V2316	V2522	V2743
	V2101	V2200	V2219	V2317	V2523	V2750
	V2102	V2201	V2220	V2318	V2530	V2755
	V2103	V2202	V2300	V2319	V2599	V2760
	V2104	V2203	V2301	V2320	V2610	V2770
	V2105	V2204	V2302	V2399	V2615	V2780
	V2106	V2205	V2303	V2410	V2623	V2781
	V2107	V2206	V2304	V2430	V2629	92393

09 Hearing Service Codes – Not Used						
	92506	92545	92562	92573	92583	92595
	92531	92546	92563	92574	92584	92596
	92532	92547	92564	92575	92585	92599
	92533	92551	92565	92576	92589	V5014
	92534	92552	92567	92577	92590	

	92541	92553	92568	92578	92591	
	92542	92555	92569	92580	92592	

09 Hearing Service Codes – Not Used

	92543	92556	92571	92581	92593	
	92544	92557	92572	92582	92594	

10 Hearing Supply Codes

Hearing Aids

	V5030	V5100	92567	92593	V5150	V5210
	V5040	V5120	92590	92594	V5170	V5220
	V5050	V5130	92591	92595	V5180	V5230
	V5060	V5140	92592	92596	V5190	

11 Mental Health Diagnosis Codes

	290.0-314.9					
	V17.0					
	V61-V69.9					
	V79.09-V79.9					

12 ICD-9 Surgical Procedure Codes

TOS 2

	0101	0102	0109	0111	0112	0113
	0114	0115	0118	0119	0121	0122
	0123	0124	0125	0131	0132	0139
	0141	0142	0151	0152	0153	0159
	016	0201	0202	0203	0204	0205
	0206	0207	0211	0212	0213	0214
	022	0231	0232	0233	0234	0235

	0239	0241	0242	0243	0291	0292
	0293	0294	0295	0296	0299	0301
	0302	0309	031	0321	0329	0331
	0332	0339	034	0351	0352	0353

12 ICD-9 Surgical Procedure Codes

	0359	036	0371	0372	0379	038
	0390	0391	0392	0393	0394	0395
	0396	0397	0398	0399	0401	0402
	0403	0404	0405	0406	0407	0411
	0412	0419	042	043	0441	0442
	0443	0444	0449	045	046	0471
	0472	0473	0474	0475	0476	0479
	0480	0481	0489	0491	0492	0493
	0499	050	0511	0519	0521	0522
	0523	0524	0525	0529	0531	0532
	0539	0581	0589	059	0601	0602
	0609	0611	0612	0613	0619	062
	0631	0639	064	0650	0651	0652
	066	067	0681	0689	0691	0692
	0693	0694	0695	0698	0699	0700
	0701	0702	0711	0712	0713	0714
	0715	0716	0717	0719	0721	0722
	0729	073	0741	0742	0743	0744
	0745	0749	0751	0752	0753	0754
	0759	0761	0762	0763	0764	0765
	0768	0769	0771	0772	0779	0780
	0781	0782	0791	0792	0793	0794

	0799	0801	0802	0809	0811	0819
	0820	0821	0822	0823	0824	0825
	0831	0832	0833	0834	0835	0836
	0837	0838	0841	0842	0843	0844
	0849	0851	0852	0859	0861	0862
	0863	0864	0869	0870	0871	0872

12 ICD-9 Surgical Procedure Codes						
	0873	0874	0881	0882	0883	0884
	0885	0886	0887	0889	0891	0892
	0893	0899	090	0911	0912	0919
	0920	0921	0922	0923	093	0941
	0942	0943	0944	0949	0951	0952
	0953	0959	096	0971	0972	0973
	0981	0982	0983	0991	0999	100
	101	1021	1029	1031	1032	1033
	1041	1042	1043	1044	1049	105
	106	1091	1099	110	111	1121
	1122	1129	1131	1132	1139	1141
	1142	1143	1149	1151	1152	1153
	1159	1160	1161	1162	1163	1164
	1169	1171	1172	1173	1174	1175
	1176	1179	1191	1192	1199	1200
	1201	1202	1211	1212	1213	1214
	1221	1222	1229	1231	1232	1233
	1234	1235	1239	1240	1241	1242
	1243	1244	1251	1252	1253	1254
	1255	1259	1261	1262	1263	1264

	1265	1266	1269	1271	1272	1273
	1274	1279	1281	1282	1283	1284
	1285	1286	1287	1288	1289	1291
	1292	1293	1297	1298	1299	1300
	1301	1302	1311	1319	132	133
	1341	1342	1343	1351	1359	1361
	1362	1363	1364	1365	1366	1369
	1370	1371	1372	138	139	1400

12 ICD-9 Surgical Procedure Codes						
	1401	1402	1411	1419	1421	1422
	1423	1424	1425	1426	1427	1429
	1431	1432	1433	1434	1435	1439
	1441	1449	1451	1452	1453	1454
	1455	1459	146	1471	1472	1473
	1474	1475	1479	149	1501	1509
	1511	1512	1513	1519	1521	1522
	1529	153	154	155	156	157
	159	1601	1602	1609	161	1621
	1622	1623	1629	1631	1639	1641
	1642	1649	1651	1652	1659	1661
	1662	1663	1664	1665	1666	1669
	1671	1672	1681	1682	1689	1691
	1692	1693	1698	1699	1801	1802
	1809	1811	1812	1819	1821	1829
	1831	1839	184	185	186	1871
	1872	1879	189	190	1911	1919
	1921	1929	193	194	1952	1953

	1954	1955	196	199	2001	2009
	201	2021	2022	2023	2031	2032
	2039	2041	2042	2049	2051	2059
	2061	2062	2071	2072	2079	208
	2091	2092	2093	2094	2095	2096
	2097	2098	2099	2100	2101	2102
	2103	2104	2105	2106	2107	2109
	211	2121	2122	2129	2130	2131
	2132	214	215	2161	2162	2169
	2171	2172	2181	2182	2183	2184

12 ICD-9 Surgical Procedure Codes						
	2185	2186	2187	2188	2189	2191
	2199	2200	2201	2202	2211	2212
	2219	222	2231	2239	2241	2242
	2250	2251	2252	2253	2260	2261
	2262	2263	2264	2271	2279	229
	2301	2309	2311	2319	232	233
	2341	2342	2343	2349	235	236
	2370	2371	2372	2373	240	2411
	2412	2419	242	2431	2432	2439
	244	245	246	247	248	2491
	2499	2501	2502	2509	251	252
	253	254	2551	2559	2591	2592
	2593	2594	2599	260	2611	2612
	2619	2621	2629	2630	2631	2632
	2641	2642	2649	2691	2699	270
	271	2721	2722	2723	2724	2729

	2731	2732	2741	2742	2743	2749
	2751	2752	2753	2754	2755	2756
	2757	2759	2761	2762	2763	2769
	2771	2772	2773	2779	2791	2792
	2799	280	2811	2819	282	283
	284	285	286	287	2891	2892
	2899	290	2911	2912	2919	292
	293	294	2951	2952	2953	2954
	2959	2991	2992	2999	3001	3009
	301	3021	3022	3029	303	304
	310	311	3121	3129	313	3141
	3142	3143	3144	3145	3148	3149

12 ICD-9 Surgical Procedure Codes

	315	3161	3162	3163	3164	3169
	3171	3172	3173	3174	3175	3179
	3191	3192	3193	3194	3195	3198
	3199	320	3201	3209	321	3221
	3222	3228	3229	323	324	325
	326	329	330	331	3321	3322
	3323	3324	3325	3326	3327	3328
	3329	3331	3332	3333	3334	3339
	3341	3342	3343	3348	3349	335
	3350	3351	3352	3391	3392	3393
	3398	3399	3401	3402	3403	3404
	3405	3409	341	3421	3422	3423
	3424	3425	3426	3427	3428	3429
	343	344	3451	3459	346	3471

	3472	3473	3474	3479	3481	3482
	3483	3484	3485	3489	3491	3492
	3493	3499	3500	3501	3502	3503
	3504	3510	3511	3512	3513	3514
	3520	3521	3522	3523	3524	3525
	3526	3527	3528	3531	3532	3533
	3534	3535	3539	3541	3542	3550
	3551	3552	3553	3554	3560	3561
	3562	3563	3570	3571	3572	3573
	3581	3582	3583	3584	3591	3592
	3593	3594	3595	3596	3598	3599
	3600	3601	3602	3603	3604	3605
	3606	3609	3610	3611	3612	3613
	3614	3615	3616	3619	362	363

12 ICD-9 Surgical Procedure Codes						
	3691	3699	370	3710	3711	3712
	3721	3722	3723	3724	3725	3726
	3727	3729	3731	3732	3733	3734
	374	375	3761	3762	3763	3764
	3765	3766	3770	3771	3772	3773
	3774	3775	3776	3777	3778	3779
	3780	3781	3782	3783	3785	3786
	3787	3789	3791	3792	3793	3794
	3795	3796	3797	3798	3799	3800
	3801	3802	3803	3804	3805	3806
	3807	3808	3809	3810	3811	3812
	3813	3814	3815	3816	3818	3821

	3822	3829	3830	3831	3832	3833
	3834	3835	3836	3837	3838	3839
	3840	3841	3842	3843	3844	3845
	3846	3847	3848	3849	3850	3851
	3852	3853	3855	3857	3859	3860
	3861	3862	3863	3864	3865	3866
	3867	3868	3869	387	3880	3881
	3882	3883	3884	3885	3886	3887
	3888	3889	3891	3892	3893	3894
	3895	3898	3899	390	391	3921
	3922	3923	3924	3925	3926	3927
	3929	3930	3931	3932	3941	3942
	3943	3949	3950	3951	3952	3953
	3954	3955	3956	3957	3958	3959
	3961	3962	3963	3964	3965	3966
	397	398	3991	3992	3993	3994

12 ICD-9 Surgical Procedure Codes						
	3995	3996	3997	3998	3999	400
	4011	4019	4021	4022	4023	4024
	4029	403	4040	4041	4042	4050
	4051	4052	4053	4054	4059	4061
	4062	4063	4064	4069	409	4100
	4101	4102	4103	4104	411	412
	4131	4132	4133	4138	4139	4141
	4142	4143	415	4191	4192	4193
	4194	4195	4198	4199	4201	4209
	4210	4211	4212	4219	4221	4222

	4223	4224	4225	4229	4231	4232
	4233	4239	4240	4241	4242	4251
	4252	4253	4254	4255	4256	4258
	4259	4261	4262	4263	4264	4265
	4266	4268	4269	427	4281	4282
	4283	4284	4285	4286	4287	4289
	4291	4292	4299	430	431	4311
	4319	432	433	4341	4342	4349
	435	436	437	4381	4389	4391
	4399	440	4400	4401	4402	4403
	4411	4412	4413	4414	4415	4419
	4421	4422	4429	4431	4439	4440
	4441	4442	4443	4444	4449	445
	4461	4462	4463	4464	4465	4466
	4469	4491	4492	4493	4494	4499
	4500	4501	4502	4503	4511	4512
	4513	4514	4515	4516	4519	4521
	4522	4523	4524	4525	4526	4527

12 ICD-9 Surgical Procedure Codes

	4528	4529	4530	4531	4532	4533
	4534	4541	4542	4543	4549	4550
	4551	4552	4561	4562	4563	4571
	4572	4573	4574	4575	4576	4579
	458	4590	4591	4592	4593	4594
	4595	4601	4602	4603	4604	4610
	4611	4612	4613	4614	4620	4621
	4622	4623	4624	4631	4632	4639

	4640	4641	4642	4643	4650	4651
	4652	4660	4661	4662	4663	4664
	4671	4672	4673	4674	4675	4676
	4679	4680	4681	4682	4685	4691
	4692	4693	4694	4695	4696	4699
	470	471	472	4791	4792	4799
	480	481	4821	4822	4823	4824
	4825	4826	4829	4831	4832	4833
	4834	4835	4836	4841	4849	485
	4861	4862	4863	4864	4865	4869
	4871	4872	4873	4874	4875	4876
	4879	4881	4882	4891	4892	4893
	4899	4901	4902	4903	4904	4911
	4912	4921	4922	4923	4929	493
	4931	4939	4941	4942	4943	4944
	4945	4946	4947	4949	4951	4952
	4959	496	4971	4972	4973	4974
	4979	4991	4992	4993	4994	4995
	4999	500	5011	5012	5019	5021
	5022	5029	503	504	5051	5059

12 ICD-9 Surgical Procedure Codes						
	5061	5069	5091	5092	5093	5094
	5099	5101	5102	5103	5104	5110
	5111	5112	5113	5114	5115	5119
	5121	5122	5123	5131	5132	5133
	5134	5135	5136	5137	5139	5141
	5142	5143	5149	5151	5159	5161

	5162	5163	5164	5169	5171	5172
	5179	5181	5182	5183	5184	5185
	5186	5187	5188	5189	5191	5192
	5193	5194	5195	5196	5197	5198
	5199	5201	5209	5211	5212	5213
	5214	5219	522	5221	5222	523
	524	5251	5252	5253	5259	526
	527	5280	5281	5282	5283	5291
	5292	5293	5294	5295	5296	5297
	5298	5299	5300	5301	5302	5303
	5304	5305	5310	5311	5312	5313
	5314	5315	5316	5317	5321	5329
	5331	5339	5341	5349	5351	5359
	5361	5369	537	5380	5381	5382
	539	540	5411	5412	5419	5421
	5422	5423	5424	5425	5429	543
	544	545	5461	5462	5463	5464
	5471	5472	5473	5474	5475	5491
	5492	5493	5494	5495	5496	5497
	5498	5499	5501	5502	5503	5504
	5511	5512	5521	5522	5523	5524
	5529	5531	5539	554	5551	5552

12 ICD-9 Surgical Procedure Codes

	5553	5554	5561	5569	557	5581
	5582	5583	5584	5585	5586	5587
	5589	5591	5592	5593	5594	5595
	5596	5597	5598	5599	560	561

	562	5631	5632	5633	5634	5635
	5639	5640	5641	5642	5651	5652
	5661	5662	5671	5672	5673	5674
	5675	5679	5681	5682	5683	5684
	5685	5686	5689	5691	5692	5693
	5694	5695	5699	570	5711	5712
	5717	5718	5719	5721	5722	5731
	5732	5733	5734	5739	5741	5749
	5751	5759	576	5771	5779	5781
	5782	5783	5784	5785	5786	5787
	5788	5789	5791	5792	5793	5794
	5795	5796	5797	5798	5799	580
	581	5821	5822	5823	5824	5829
	583	5831	5839	5841	5842	5843
	5844	5845	5846	5847	5849	585
	586	5891	5892	5893	5899	5900
	5901	5902	5909	5911	5919	5921
	5929	593	594	595	596	5971
	5972	5979	598	5991	5992	5993
	5994	5995	5996	5999	600	6011
	6012	6013	6014	6015	6018	6019
	602	6021	6029	603	604	605
	6061	6062	6069	6071	6072	6073
	6079	6081	6082	6091	6092	6093

12 ICD-9 Surgical Procedure Codes

	6094	6099	610	6111	6119	612
	613	6141	6142	6149	6191	6192

	6199	620	6211	6212	6219	622
	623	6241	6242	625	6261	6269
	627	6291	6292	6299	6301	6309
	631	632	633	634	6351	6352
	6353	6359	636	6370	6371	6372
	6373	6381	6382	6383	6384	6385
	6389	6391	6392	6393	6394	6395
	6399	640	6411	6419	642	643
	6441	6442	6443	6444	6445	6449
	645	6491	6492	6493	6494	6495
	6496	6497	6498	6499	650	6511
	6512	6519	6521	6522	6529	653
	654	6551	6552	6561	6562	6571
	6572	6573	6579	658	6591	6592
	6593	6594	6595	6599	660	6601
	6602	6611	6619	6621	6622	6629
	6631	6632	6639	664	6651	6652
	6661	6662	6663	6669	6671	6672
	6673	6674	6679	668	6691	6692
	6693	6694	6695	6696	6697	6699
	670	6711	6712	6719	672	6731
	6732	6733	6739	674	675	6761
	6762	6769	680	6811	6812	6813
	6814	6815	6816	6819	6821	6822
	6829	683	684	685	686	687
	688	689	6890	6901	6902	6909

12 ICD-9 Surgical Procedure Codes

	6911	6919	6921	6922	6923	6929
	693	6941	6942	6949	6951	6952
	6959	696	697	6991	6992	6993
	6994	6995	6996	6997	6998	6999
	700	7011	7012	7013	7014	7021
	7022	7023	7024	7029	7031	7032
	7033	704	7050	7051	7052	7061
	7062	7071	7072	7073	7074	7075
	7076	7077	7079	708	7091	7092
	7101	7109	7111	7119	7121	7122
	7123	7124	7129	713	714	715
	7161	7162	7171	7172	7179	718
	719	720	721	7221	7229	7231
	7239	724	7251	7252	7253	7254
	726	7271	7279	728	729	7301
	7309	731	7321	7322	733	734
	7351	7359	736	738	7391	7392
	7393	7394	7399	740	741	742
	743	7430	744	7491	7499	750
	751	752	7531	7532	7533	7534
	7535	7536	754	7550	7551	7552
	7561	7562	7569	757	758	7591
	7592	7593	7594	7599	7601	7609
	7611	7619	762	763	7631	7639
	7641	7642	7643	7644	7645	7646
	765	7661	7662	7663	7664	7665
	7666	7667	7668	7669	7670	7671
	7672	7673	7674	7675	7676	7677

12 ICD-9 Surgical Procedure Codes

	7678	7679	7691	7692	7693	7694
	7695	7696	7697	7699	7700	7701
	7702	7703	7704	7705	7706	7707
	7708	7709	7710	7711	7712	7713
	7714	7715	7716	7717	7718	7719
	7720	7721	7722	7723	7724	7725
	7726	7727	7728	7729	7730	7731
	7732	7733	7734	7735	7736	7737
	7738	7739	7740	7741	7742	7743
	7744	7745	7746	7747	7748	7749
	7751	7752	7753	7754	7756	7757
	7758	7759	7760	7761	7762	7763
	7764	7765	7766	7767	7768	7769
	7770	7771	7772	7773	7774	7775
	7776	7777	7778	7779	7780	7781
	7782	7783	7784	7785	7786	7787
	7788	7789	7790	7791	7792	7793
	7794	7795	7796	7797	7798	7799
	7800	7801	7802	7803	7804	7805
	7806	7807	7808	7809	7810	7811
	7812	7813	7814	7815	7816	7817
	7818	7819	7820	7822	7823	7825
	7827	7829	7830	7831	7832	7833
	7834	7835	7837	7838	7839	7840
	7841	7842	7843	7844	7845	7846
	7847	7848	7849	7850	7851	7852
	7853	7854	7855	7856	7857	7858

	7859	7860	7861	7862	7863	7864
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12 ICD-9 Surgical Procedure Codes

	7865	7866	7867	7868	7869	7870
	7871	7872	7873	7874	7875	7876
	7877	7878	7879	7880	7881	7882
	7883	7884	7885	7886	7887	7888
	7889	7890	7891	7892	7893	7894
	7895	7896	7897	7898	7899	7900
	7901	7902	7903	7904	7905	7906
	7907	7908	7909	7910	7911	7912
	7913	7914	7915	7916	7917	7918
	7919	7920	7921	7922	7923	7924
	7925	7926	7927	7928	7929	7930
	7931	7932	7933	7934	7935	7936
	7937	7938	7939	7940	7941	7942
	7945	7946	7947	7949	7950	7951
	7952	7955	7956	7959	7960	7961
	7962	7963	7964	7965	7966	7967
	7968	7969	7970	7971	7972	7973
	7974	7975	7976	7977	7978	7979
	7980	7981	7982	7983	7984	7985
	7986	7987	7988	7989	7990	7991
	7992	7993	7994	7995	7996	7997
	7998	7999	8000	8001	8002	8003
	8004	8005	8006	8007	8008	8009
	8010	8011	8012	8013	8014	8015
	8016	8017	8018	8019	8020	8021

	8022	8023	8024	8025	8026	8027
	8028	8029	8030	8031	8032	8033
	8034	8035	8036	8037	8038	8039

12 ICD-9 Surgical Procedure Codes

	8040	8041	8042	8043	8044	8045
	8046	8047	8048	8049	8050	8051
	8052	8059	806	8070	8071	8072
	8073	8074	8075	8076	8077	8078
	8079	8080	8081	8082	8083	8084
	8085	8086	8087	8088	8089	8090
	8091	8092	8093	8094	8095	8096
	8097	8098	8099	8100	8101	8102
	8103	8104	8105	8106	8107	8108
	8109	8111	8112	8113	8114	8115
	8116	8117	8118	8120	8121	8122
	8123	8124	8125	8126	8127	8128
	8129	8131	8139	8140	8141	8142
	8143	8144	8145	8146	8147	8148
	8149	8151	8152	8153	8154	8155
	8156	8157	8159	8161	8162	8163
	8164	8169	8171	8172	8173	8174
	8175	8179	8180	8181	8182	8183
	8184	8185	8186	8187	8191	8192
	8193	8194	8195	8196	8197	8198
	8199	8201	8202	8203	8204	8209
	8211	8212	8219	8221	8222	8229
	8231	8232	8233	8234	8235	8236

	8239	8241	8242	8243	8244	8245
	8246	8251	8252	8253	8254	8255
	8256	8257	8258	8259	8261	8269
	8271	8272	8279	8281	8282	8283
	8284	8285	8286	8289	8291	8292

12 ICD-9 Surgical Procedure Codes						
	8293	8294	8295	8296	8299	8301
	8302	8303	8309	8311	8312	8313
	8314	8319	8321	8329	8331	8332
	8339	8341	8342	8343	8344	8345
	8349	835	8361	8362	8363	8364
	8365	8371	8372	8373	8374	8375
	8376	8377	8379	8381	8382	8383
	8384	8385	8386	8387	8388	8389
	8391	8392	8393	8394	8395	8396
	8397	8398	8399	8400	8401	8402
	8403	8404	8405	8406	8407	8408
	8409	8410	8411	8412	8413	8414
	8415	8416	8417	8418	8419	8421
	8422	8423	8424	8425	8426	8427
	8428	8429	843	8440	8441	8442
	8443	8444	8445	8446	8447	8448
	8491	8492	8493	8499	850	8511
	8512	8519	8520	8521	8522	8523
	8524	8525	8531	8532	8533	8534
	8535	8536	8541	8542	8543	8544
	8545	8546	8547	8548	8550	8551

	8552	8553	8554	856	857	8581
	8582	8583	8584	8585	8586	8587
	8589	8591	8592	8593	8594	8595
	8596	8599	8601	8602	8603	8604
	8605	8606	8607	8609	8611	8619
	8621	8622	8623	8624	8625	8626
	8627	8628	863	864	8651	8659

12 ICD-9 Surgical Procedure Codes

	8660	8661	8662	8663	8664	8665
	8666	8669	8670	8671	8672	8673
	8674	8675	8681	8682	8683	8684
	8685	8686	8689	8691	8692	8693
	8699	8701	8702	8703	8704	8705
	8706	8707	8708	8709	8711	8712
	8713	8714	8715	8716	8717	8721
	8722	8723	8724	8729	8731	8732
	8733	8734	8735	8736	8737	8738
	8739	8741	8742	8743	8744	8749
	8751	8752	8753	8754	8759	8761
	8762	8763	8764	8765	8766	8769
	8771	8772	8773	8774	8775	8776
	8777	8778	8779	8781	8782	8783
	8784	8785	8789	8791	8792	8793
	8794	8795	8799	8801	8802	8803
	8804	8809	8811	8812	8813	8814
	8815	8816	8819	8821	8822	8823
	8824	8825	8826	8827	8828	8829

	8831	8832	8833	8834	8835	8836
	8837	8838	8839	8840	8841	8842
	8843	8844	8845	8846	8847	8848
	8849	8850	8851	8852	8853	8854
	8855	8856	8857	8858	8860	8861
	8862	8863	8864	8865	8866	8867
	8868	8871	8872	8873	8874	8875
	8876	8877	8878	8879	8881	8882
	8883	8884	8885	8886	8889	8890

12 ICD-9 Surgical Procedure Codes

	8891	8892	8893	8894	8895	8897
	8898	8899	8901	8902	8903	8904
	8905	8906	8907	8908	8909	8910
	8911	8912	8913	8914	8915	8916
	8917	8918	8919	8921	8922	8923
	8924	8925	8926	8929	8931	8932
	8933	8934	8935	8936	8937	8938
	8939	8941	8942	8943	8944	8945
	8946	8947	8948	8949	8951	8952
	8953	8954	8955	8956	8957	8958
	8959	8961	8962	8963	8964	8965
	8966	8967	8968	8969	897	898
	9001	9002	9003	9004	9005	9006
	9009	9011	9012	9013	9014	9015
	9016	9019	9021	9022	9023	9024
	9025	9026	9029	9031	9032	9033
	9034	9035	9036	9039	9041	9042

	9043	9044	9045	9046	9049	9051
	9052	9053	9054	9055	9056	9059
	9061	9062	9063	9064	9065	9066
	9069	9071	9072	9073	9074	9075
	9076	9079	9081	9082	9083	9084
	9085	9086	9089	9091	9092	9093
	9094	9095	9096	9099	9101	9102
	9103	9104	9105	9106	9109	9111
	9112	9113	9114	9115	9116	9119
	9121	9122	9123	9124	9125	9126
	9129	9131	9132	9133	9134	9135

12 ICD-9 Surgical Procedure Codes						
	9136	9139	9141	9142	9143	9144
	9145	9146	9149	9151	9152	9153
	9154	9155	9156	9159	9161	9162
	9163	9164	9165	9166	9169	9171
	9172	9173	9174	9175	9176	9179
	9181	9182	9183	9184	9185	9186
	9189	9191	9192	9193	9194	9195
	9196	9199	9201	9202	9203	9204
	9205	9209	9211	9212	9213	9214
	9215	9216	9217	9218	9219	9221
	9222	9223	9224	9225	9226	9227
	9228	9229	923	9301	9302	9303
	9304	9305	9306	9307	9308	9309
	9311	9312	9313	9314	9315	9316
	9317	9318	9319	9321	9322	9323

	9324	9325	9326	9327	9328	9329
	9331	9332	9333	9334	9335	9336
	9337	9338	9339	9341	9342	9343
	9344	9345	9346	9351	9352	9353
	9354	9355	9356	9357	9358	9359
	9361	9362	9363	9364	9365	9366
	9367	9371	9372	9373	9374	9375
	9376	9377	9378	9381	9382	9383
	9384	9385	9389	9390	9391	9392
	9393	9394	9395	9396	9397	9398
	9399	9401	9402	9403	9408	9409
	9411	9412	9413	9419	9421	9422
	9423	9424	9425	9426	9427	9429

12 ICD-9 Surgical Procedure Codes						
	9431	9432	9433	9434	9435	9436
	9437	9438	9439	9441	9442	9443
	9444	9445	9446	9449	9451	9452
	9453	9454	9455	9459	9461	9462
	9463	9464	9465	9466	9467	9468
	9469	9501	9502	9503	9504	9505
	9506	9507	9509	9511	9512	9513
	9514	9515	9516	9521	9522	9523
	9524	9525	9526	9531	9532	9533
	9534	9535	9536	9541	9542	9543
	9544	9545	9546	9547	9548	9549
	9601	9602	9603	9604	9605	9606
	9607	9608	9609	9611	9614	9615

	9616	9617	9618	9619	9621	9622
	9623	9624	9625	9626	9627	9628
	9631	9632	9633	9634	9635	9636
	9637	9638	9639	9641	9642	9643
	9644	9645	9646	9647	9648	9649
	9651	9652	9653	9654	9655	9656
	9657	9658	9659	966	9671	9672
	9701	9702	9703	9704	9705	9711
	9712	9713	9714	9715	9716	9721
	9722	9723	9724	9725	9726	9729
	9731	9732	9733	9734	9735	9736
	9737	9738	9739	9741	9742	9743
	9749	9751	9752	9753	9754	9755
	9756	9759	9761	9762	9763	9764
	9765	9769	9771	9772	9773	9774

12 ICD-9 Surgical Procedure Codes						
	9775	9779	9781	9782	9783	9784
	9785	9786	9787	9788	9789	9801
	9802	9803	9804	9805	9811	9812
	9813	9814	9815	9816	9817	9818
	9819	9820	9821	9822	9823	9824
	9825	9826	9827	9828	9829	9851
	9852	9859	9900	9901	9902	9903
	9904	9905	9906	9907	9908	9909
	9911	9912	9913	9914	9915	9916
	9917	9918	9919	9921	9922	9923
	9924	9925	9926	9927	9928	9929

	9931	9932	9933	9934	9935	9936
	9937	9938	9939	9941	9942	9943
	9944	9945	9946	9947	9948	9951
	9952	9953	9954	9955	9956	9957
	9958	9959	9960	9961	9962	9963
	9964	9969	9971	9972	9973	9974
	9979	9981	9982	9983	9984	9985
	9986	9988	9991	9992	9993	9994
	9995	9996	9997	9998	9999	2932
	2933	2939	29999	3617	3631	3632
	3639	3728	3767	3928	3971	3979
	3990	4107	4108	4109	4432	4697
	4701	4709	4711	4719	5124	5284
	5285	5286	5451	5459	5903	5912
	6096	6097	637	6475	6476	6501
	6509	6513	6514	6523	6524	6525
	6574	6581	6589	6751	6759	6823

12 ICD-9 Surgical Procedure Codes

	6851	6589	6751	6759	6823	6851
	6859	690	695	7537	8130	8132
	8133	8134	8135	8136	8137	8138
	8667	8950	9230	9231	9232	9233
	9239	9269	9629	9744	9910	9920
	9975					

13 Presumptive Eligibility Procedure Codes

	0077C	0079C	0081C	0095C	0085C	
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	0078C	0080C	0090C	0096C		
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14 Taxable Procedure Codes

	0580B	0585B	0588B	0642P		
	0581B	0586B	0681B	0742P		
	0584B	0587B	0542P			

17 Hearing Supply Codes

	3600V	3579V	V5264	V5266	V5299	
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Healthy Connections

18 Healthy Connection Capitation Code	HCCAP	
19 Healthy Connection Code	HCASE	
22 Lock-in Case Management Fee	LCASE	

School Based Services

23 School Based Services – Developmental Therapy Evaluation	8245S	8250S	8255S
24 School Based Services – Nursing Services	0527S	0528S	0531S
25 School Based Services – Personal Care Services	0501S	0503S	0541S
26 School Based Service – Psycho Social Rehabilitative Evaluation/ Psycho Social Rehabilitation	5006S 5003S – Individual 5005S – Group		
27 School Based Service – Transportation	0090S		
28 School Based Service – Medical Equipment	1399S		
XX School Based Services – EPSDT	See procedures under 04 – EPSDT List		

Waiver Services			
30 Non-Medical Waiver Transportation - DD Waiver	0080B		
31 Non-Medical Waiver Transportation – PCS Wavier	0080P		
32 Non-Medical Waiver Transportation - TBI	0080T		
33 Waiver Medical Vendors – DD Waiver	0100B	0290B	0300B
	0280B	0310B	
34 Waiver Medical Vendor – PCS Waiver	0659P	0669P	
	0660P	1399P	
35 Waiver Medical Vendor – TBI	0970T	0980T	
	0975T	0985T	
36 Personal Care Services, State Plan – No Service Coverage Type			
	0501P	PCS Assessment Client Eval – Care Plan Agency	
	0503P	RN Supervisor Visit - Agency	

Waiver Services		
	0513P	QMRP Client Evaluation and Plan Assessment
	0514P	QMRP Supervisory Visit - Agency
	0541P	Agency PCS – 15 minutes
	0641P	Agency PCS – One Client – Daily Care
	0643P	Indep PCS – 8.25 Hours – 24 Hours – 1 Client
	0741P	Agency PCS – Two Clients – 24 Hours Care
	0743P	Indp PCS – 8.25 Hours – 24 Hours – 2 Clients

Category of Service – SUR

Last Change Date: 12/01/98

SUR COS	Provider Type	Provider Specialty
01 Outpatient	001 Hospital	001 Children's Hospital 002 General Acute Hospital 003 Psychiatric Hospital (SHS) 004 Indian Health Service Hosp. 005 Rehabilitative Hospital 006 Idaho State School & Hosp. 007 Dialysis Unit
01 Outpatient	023 Other Health Care Providers of the Healing Arts	212 Birth Centers
01 Outpatient	022 Ambulatory Surgical Center	209 Freestanding ASC
02 Inpatient	001 Hospitals	001 Children's Hospital 002 General Acute Hospital 003 Psychiatric Hospital (SHS) 004 Indian Health Service Hosp. 005 Rehabilitative Hospital 006 Idaho State School & Hosp. 007 Dialysis Unit
03 Drug	007 Pharmacy	092 Pharmacist 093 Unit Dose Pharmacy 094 Both 095 Idaho State School & Hosp.
04 Physician	004 Physicians 005 Osteopath	026 Oral and Maxillofacial Surgeons 037 Allergist 038 Anesthesiologist 039 Cardiologist 040 Cytopathologist 041 Dermatologist 042 Dermatopathologist 043 Endocrinologist 044 Family Practice 045 Gastroenterologist 046 General Internist 047 General Practice 048 General Surgery 049 Gerintologist 050 Hematologist 051 Immunologist 052 Neonatologist 053 Neuro-Surgeon 054 Neurologist 056 OB/GYN 057 Occupational Medicine

SUR COS	Provider Type	Provider Specialty
		058 Oncologist 059 Ophthalmologist 060 Orthopedic Surgeon 061 Otolaryngologist (ENT) 062 Pathologist 063 Pediatric Cardiologist 064 Pediatric Internist 065 Pediatric Oncologist 066 Pediatrician 067 Physiatrist (physical medicine and rehabilitation) 068 Plastic/Reconstructive Surgeon 069 Proctologist (Colorectal) 070 Psychiatrist 071 Pulmonologist 072 Radiologist 073 Rheumatologist 074 Thoracic Surgeon 075 Urologist 076 Vascular Surgeon 077 Physician Multi-Specialty Group 078 Idaho State School & Hosp
04 Physician	027 Crossover Provider	253 Psychologist
04 Radiology	004 Physician 005 Osteopath 023 Other Health Care Providers of the Healing Arts	055 Nuclear Radiologist 079 Contract Radiologist 218 Radiology Technical Services
05 Dental	003 Dental	021 Denturist 022 Endodontist 023 General Dentistry 024 Geriodontist 025 Oral Pathologist 026 Oral & Maxillofacial Surgeon 027 Orthodontist 028 Pedodontist 029 Perodontist 030 Prosthodontist 031 Dental Multi-Specialty Group 032 Idaho State School & Hosp.
06 Long Term Care	011 Long Term Care Facility	117 ICF/MR Private 118 ICF/MR State 119 IMD/NH State 120 IMD/NH Private 121 Nursing Home 122 Idaho State School & Hosp.
07 Physician Extenders	016 Mid-Level Practitioner	154 Certified Nurse Midwife 155 Certified Registered Nurse Anesthetist 156 Nurse Practitioner 157 Physician Assistant 158 Psychiatric Nurse Practitioner

SUR COS	Provider Type	Provider Specialty
08 Special Service Clinics - Encounter Clinics	020 Essential Care Providers	200 Indian Health Services Clinics 201 Rural Health Clinics
08 Special Service Clinics - Encounter Clinics	021 Federally Qualified Health Center	206 Federally Qualified Health Center
09 DDCs	013 Rehabilitative Option	130 Developmental Disability Agencies 132 School Based Services
10 Vision	006 Vision Services	085 Optician 086 Optometric Supplies 087 Optometrist (Medical Certification) 088 Optometrist
11 Home Care	008 Home Health	100 Home Health Agency
11 Home Care	012 Hospice	127 Hospice
11 Home Care	017 Nursing Services	164 Independent Licensed Practical Nurse (PDN) 165 Nursing Agency (PDN) 166 Independent Registered Nurse (PDN)
12 DME/Suppliers	014 Durable Medical Equipment and Suppliers	137 Durable Medical Equipment and Supplies 138 Pharmacy Supplier of Durable Medical Equipment 139 Certified Prosthetic and Orthotic Supplier 140 Supplies Only 141 Specialized Medical Equipment and Supplies (DD Waiver)
13 Transportation - All	010 Transportation	107 Air Ambulance 108 Ambulance - Emergency & Non-Emergency 109 Non-emergent - Commercial 110 Individual Transportation 111 Agency Transportation 112 Non-Medical DD Transportation Provider
14 Other Practitioners	023 Other Health Care Providers of the Healing Arts	213 Chiropractor 214 Dietitian 215 Physical Therapist 216 Podiatrist
14 Other Practitioners	024 Hearing Services	229 Audiologist 230 Hearing Aid Vendor
15 Other	002 Clinics	012 Diagnostic Service 013 Mental Health Clinics 014 PWC Clinic 015 Speech & Hearing Clinic (ISSH) 016 Regional Mental Health Clinic 017 Diabetes Clinic
15 Other	017 Nursing Services	167 Independent Registered Nurse (EPSDT Screener)
15 Other	018 Case Management Services	175 EPSDT Service Coordinator 178 Pregnant and Parenting Teen
15 Other	009 Pathology Laboratory	103 Laboratory Independent

SUR COS	Provider Type	Provider Specialty
		104 Contract Laboratory
15 Other	020 Essential Care Providers	199 District Health Departments
15 Other	023 Other Health Care Providers of the Healing Arts	217 Social Worker
16 DDW	013 Rehabilitative Option	131 Rehab Mental Health Services
16 DDW	017 Nursing Services	168 Independent Registered Nurse Services DD Waiver 169 Registered Nurse Services Agency DD Waiver
16 DDW	018 Case Management Services	174 DD Service Coordination 176 Mental Health Case Management
16 DDW	019 Home and Community Based Services Waiver for Adults	184 Behavior Consultation/Crises Management/Agency Only 185 Chore Service 186 Environmental Modifications to the Home 187 Home Delivered Meals 188 Personal Emergency Response Systems 189 Residential Habilitation- QMRP 190 Residential Habilitation - Agency 191 Residential Habilitation - Independent 192 Respite Care 193 Supported Employment Services/Agency Only
17 PCS	015 Personal Care Services	145 Independent Personal Care Services Provider - DD State Plan 146 Independent Personal Care Services Provider 147 Independent Supervising QMRP 148 Personal Care Services Agency
17 PCS	017 Nursing Services	163 Independent Supervising Registered Nurse (PCS)
17 PCS	018 Case Management Services	177 Personal Care Services Case Management
18 Managed Care	025 Managed Care	234 Managed Care Organization 235 Independent Physician Organization (not used) 236 Physician\Hospital Organization (not used) 237 Preferred Provider Organization (not used) 238 Primary Care Case Management

CERTIFICATE TYPES (CLIA)

Last Change Date: 06/03/96

<u>Code</u>	<u>Description</u>
1	Registration
2	Regular Certificate
3	Accreditation
4	Waiver
5	Microscopy
6	Partial Accredited

CITY CODES - CONTIGUOUS with CROSS REFERENCE

Last Change Date: 09/03/96; Formatting revision: 04/12/05

MONTANA

CODE	CITY NAME	COUNTY	REGION	GEO FOCUS	ZIP CODE
501	Alberton, MT	53	1	Unknown	59820
502	Alder, MT	52	7	Unknown	59710
503	Amsterdam, MT	56	7	Unknown	59741
504	Anceney, MT	56	7	Unknown	59741
505	Argenta, MT	50	7	Unknown	59725
506	Bannack, MT	50	7	Unknown	59725
507	Belgrade, MT	56	7	Unknown	59714
508	Belknap, MT	57	1	Unknown	59874
509	Big Sky, MT	56	7	Unknown	59716
510	Bonner, MT	54	2	Unknown	59823
511	Bozeman, MT	56	7	Unknown	59715-59717 59771-59773
512	Camas, MT	57	1	Unknown	59845
513	Cameron, MT	52	7	Unknown	59720
514	Churchill, MT	56	7	Unknown	59741
515	Clinton, MT	54	2	Unknown	59825
516	Condon, MT	54	2	Unknown	59826
517	Connor, MT	55	2	Unknown	59827
518	Corvallis, MT	55	2	Unknown	59828
519	Darby, MT	55	2	Unknown	59829
520	DeBorgia, MT	53	1	Unknown	59830
521	Dell, MT	50	7	Unknown	59724
522	Dillon, MT	50	7	Unknown	59725
523	Divide, MT	56	7	Unknown	59727
524	Dixon, MT	57	1	Unknown	59831
525	Ennis, MT	52	7	Unknown	59729
526	Eureka, MT	51	1	Unknown	59917
527	Evaro, MT	54	2	Unknown	59801
528	Florence, MT	55	2	Unknown	59833
529	Fortine, MT	51	1	Unknown	59918
530	Frenchtown, MT	54	2	Unknown	59834
531	Gallatin Gateway, MT	56	7	Unknown	59730
532	Glen, MT	50	7	Unknown	59732
533	Grant, MT	50	7	Unknown	59725
534	Grantsdale, MT	55	2	Unknown	59835
535	Greenough, MT	54	2	Unknown	59836
536	Hamilton, MT	55	2	Unknown	59840
537	Harrison, MT	52	7	Unknown	59735
538	Haugan, MT	53	1	Unknown	59842
539	Heron, MT	57	1	Unknown	59844
540	Hot Springs, MT	57	1	Unknown	59845
541	Huson, MT	54	2	Unknown	59846
542	Jackson, MT	50	7	Unknown	59736
543	Lakeview, MT	50	7	Unknown	59739
544	Laurin, MT	52	7	Unknown	59749

CODE	CITY NAME	COUNTY	REGION	GEO FOCUS	ZIP CODE
545	Libby, MT	51	1	Unknown	59923
546	Lima, MT	50	7	Unknown	59739
547	Logan, MT	56	7	Unknown	59741
548	Lolo, MT	54	2	Unknown	59847
549	Lolo Hot Springs, MT	54	2	Unknown	59847
550	Lonepine, MT	57	1	Unknown	59848
551	Manhattan, MT	56	7	Unknown	59741
552	Maudlow, MT	56	7	Unknown	59714
553	McAllister, MT	52	7	Unknown	59740
554	Medicine Springs, MT	55	2	Unknown	59827
555	Milltown, MT	54	2	Unknown	59851
556	Missoula, MT	54	2	Unknown	59801-59812
557	Moiese, MT	54	2	Unknown	59824
558	Monida, MT	50	7	Unknown	59739
559	Niarada, MT	57	1	Unknown	59852
560	Norris, MT	52	7	Unknown	59745
561	Noxon, MT	57	1	Unknown	59853
562	Paradise, MT	57	1	Unknown	59856
563	Perma, MT	57	1	Unknown	59859
564	Pinesdale, MT	55	2	Unknown	59841
565	Plains, MT	57	1	Unknown	59859
566	Polaris, MT	50	7	Unknown	59746
567	Pony, MT	52	7	Unknown	59747
568	Potomac, MT	54	2	Unknown	59823
569	Rexford, MT	51	1	Unknown	59930
570	St. Regis, MT	53	1	Unknown	59866
571	Saltese, MT	53	1	Unknown	59867
572	Seeley Lake, MT	54	2	Unknown	59868
573	Sheridan, MT	52	7	Unknown	59749
574	Silver Star, MT	52	7	Unknown	59751
575	Stevensville, MT	55	2	Unknown	59870
576	Stryker, MT	51	1	Unknown	59933
577	Sula, MT	55	2	Unknown	59871
578	Superior, MT	53	1	Unknown	59872
579	Tarkio, MT	53	1	Unknown	59872
580	Thompson Falls, MT	57	1	Unknown	59873
581	Three Forks, MT	56	7	Unknown	59752
582	Trego, MT	51	1	Unknown	59934
583	Trident, MT	57	1	Unknown	59752
584	Trout Creek, MT	57	1	Unknown	59874
585	Troy, MT	51	1	Unknown	59935
586	Twin Bridges, MT	52	7	Unknown	59754
587	Varney, MT	52	7	Unknown	59729
588	Victor, MT	55	2	Unknown	59875
589	Virginia City, MT	52	7	Unknown	59755
590	Waterloo, MT	52	7	Unknown	59759
591	West Yellowstone, MT	56	7	Unknown	59758
592	Willow Creek, MT	56	7	Unknown	59760
593	Wisdom, MT	50	7	Unknown	59761
594	Wise River, MT	50	7	Unknown	59762
595	Woodside, MT	55	2	Unknown	59875
596	Yaak, MT	51	1	Unknown	59935

NEVADA

CODE	CITY NAME	COUNTY	REGION	GEO FOCUS	ZIP CODE
597	Arthur, NV	60	5	Unknown	89835
598	Carlin, NV	60	5	Unknown	89822
599	Contact, NV	60	5	Unknown	89825
600	Deeth, NV	60	5	Unknown	89823
601	Denlo, NV	61	5	Unknown	89404
602	Elko, NV	60	5	Unknown	89801-89803
603	Golconda, NV	61	5	Unknown	89414
604	Halleck, NV	60	5	Unknown	89824
605	Jackpot, NV	60	5	Unknown	89825
606	Jarbridge, NV	60	5	Unknown	89826
607	Jiggs, NV	60	5	Unknown	89801
608	Lamoille, NV	60	5	Unknown	89828
609	Lee, NV	60	5	Unknown	89801
610	McDermitt, NV	61	5	Unknown	89421
611	Midas, NV	60	5	Unknown	89414
612	Montello, NV	60	5	Unknown	89830
613	Mountain City, NV	60	5	Unknown	89831
614	Oasis, NV	60	5	Unknown	89835
615	Orovada, NV	61	5	Unknown	89425
616	Owyhee, NV	60	5	Unknown	89832
617	Paradise Valley, NV	61	5	Unknown	89426
618	Ruby Valley, NV	60	5	Unknown	89833
619	Spring Creek, NV	60	5	Unknown	89801
620	Thousand Springs, NV	60	5	Unknown	89835
621	Tuscarora, NV	60	5	Unknown	89834
622	Valmy, NV	61	5	Unknown	89438
623	Wells, NV	60	5	Unknown	89835
624	Wendover, NV	60	5	Unknown	89883
625	West Wendover, NV	60	5	Unknown	89883
626	Winnemucca, NV	61	5	Unknown	89445-89446

OREGON

CODE	CITY NAME	COUNTY	REGION	GEO FOCUS	ZIP CODE
501	Arock, OR	66	3	Unknown	97902
502	Baker City, OR	65	3	Unknown	97814
503	Basque Station, OR	66	3	Unknown	89421
504	Beulah, OR	66	3	Unknown	97911
505	Bridgeport, OR	65	3	Unknown	97819
506	Brogan, OR	66	3	Unknown	97903
507	Danner, OR	66	3	Unknown	97910
508	Durkee, OR	65	3	Unknown	97905
509	Enterprise, OR	67	3	Unknown	97828
510	Flora, OR	67	3	Unknown	97828
511	Haines, OR	65	3	Unknown	97833
512	Halfway, OR	65	3	Unknown	97834
513	Harper, OR	66	3	Unknown	97906
514	Hereford, OR	65	3	Unknown	97837
515	Homestead, OR	65	3	Unknown	97840
516	Huntington, OR	65	3	Unknown	97907
517	Imnaha, OR	67	3	Unknown	97842
518	Ironside, OR	66	3	Unknown	97908
519	Jamieson, OR	66	3	Unknown	97909
520	Jordan Valley, OR	66	3	Unknown	97910
521	Joseph, OR	67	3	Unknown	97846
522	Juntura, OR	66	3	Unknown	97911
523	Keating, OR	65	3	Unknown	97814
524	Lime, OR	65	3	Unknown	97907
525	Lostine, OR	67	3	Unknown	97857
526	McEwen, OR	65	3	Unknown	97877
527	Medical Springs, OR	65	3	Unknown	97814
528	Minam, OR	67	3	Unknown	97885
529	New Bridge, OR	65	3	Unknown	97870
530	Nyssa, OR	66	3	Unknown	97913
531	Ontario, OR	66	3	Unknown	97914
532	Owyhee, OR	66	3	Unknown	97913
533	Oxbow, OR	65	3	Unknown	97840
534	Pine, OR	65	3	Unknown	97834
535	Pleasant Valley, OR	65	3	Unknown	97813
536	Richland, OR	65	3	Unknown	97870
537	Riverside, OR	66	3	Unknown	97917
538	Rome, OR	66	3	Unknown	97910
539	Rye Valley, OR	65	3	Unknown	97907
540	Sumpter, OR	65	3	Unknown	97877
541	Troy, OR	67	3	Unknown	97885
542	Unity, OR	65	3	Unknown	97884
543	Vale, OR	66	3	Unknown	97918
544	Wallowa, OR	67	3	Unknown	97885
545	Weatherby, OR	65	3	Unknown	97905
546	Westfall, OR	66	3	Unknown	97920
547	Whitney, OR	65	3	Unknown	97877
548	Willow Creek, OR	66	3	Unknown	97918

UTAH

CODE	CITY NAME	COUNTY	REGION	GEO FOCUS	ZIP CODE
501	Avon, UT	71	6	Unknown	83328
502	Bear River City, UT	70	6	Unknown	84301
503	Bothwell, UT	70	6	Unknown	84337
504	Brigham City, UT	70	6	Unknown	84302
505	Cache Junction, UT	71	6	Unknown	84304
506	Clarkston, UT	71	6	Unknown	84305
507	Collinston, UT	70	6	Unknown	84306
508	Corinne, UT	70	6	Unknown	84307
509	Cornish, UT	71	6	Unknown	84308
510	Deweyville, UT	70	6	Unknown	84309
511	Elwood, UT	70	6	Unknown	84337
512	Etna, UT	70	6	Unknown	84313
513	Fielding, UT	70	6	Unknown	84311
514	Garden City, UT	72	6	Unknown	84028
515	Garland, UT	70	6	Unknown	84312
516	Grouse Creek, UT	70	6	Unknown	84313
517	Honeyville, UT	70	6	Unknown	84314
518	Howell, UT	70	6	Unknown	84316
519	Hyde Park, UT	71	6	Unknown	84318
520	Hyrum, UT	71	6	Unknown	84319
521	Laketown, UT	72	6	Unknown	84038
522	Lewiston, UT	71	6	Unknown	84320
523	Logan, UT	71	6	Unknown	84321-84323 84341
524	Lynn, UT	70	6	Unknown	83312
525	Mantua, UT	70	6	Unknown	84324
526	Mendon, UT	71	6	Unknown	84325
527	Milville, UT	71	6	Unknown	84326
528	Newton, UT	71	6	Unknown	84327
529	Paradise, UT	71	6	Unknown	84328
530	Park Valley, UT	70	6	Unknown	84329
531	Penrose, UT	70	6	Unknown	84337
532	Perry, UT	70	6	Unknown	84302
533	Plymouth, UT	70	6	Unknown	84330
534	Portage, UT	70	6	Unknown	84331
535	Promontory, UT	70	6	Unknown	84307
536	Providence, UT	71	6	Unknown	84332
537	Randolph, UT	72	6	Unknown	84064
538	Richmond, UT	71	6	Unknown	84333
539	Riverside, UT	70	6	Unknown	84334
540	Rosette, UT	70	6	Unknown	84329
541	Round Valley, UT	72	6	Unknown	84038
542	Smithfield, UT	71	6	Unknown	84335
543	Snowville, UT	70	6	Unknown	84336
544	Thatcher, UT	70	6	Unknown	84337
545	Tremonton, UT	70	6	Unknown	84337
546	Trenton, UT	71	6	Unknown	84338
547	Wellsville, UT	71	6	Unknown	84339
548	Willard, UT	70	6	Unknown	84340
549	Woodruff, UT	72	6	Unknown	84086
550	Yost, UT	70	6	Unknown	83342

WASHINGTON

CODE	CITY NAME	COUNTY	REGION	GEO FOCUS	ZIP CODE
501	Albion, WA	78	2	Unknown	99102
502	Almira, WA	78	2	Unknown	99103
503	Amber, WA	77	1	Unknown	99004
504	Anatone, WA	75	2	Unknown	99401
505	Asotin, WA	75	2	Unknown	99402
506	Belmont, WA	78	2	Unknown	99104
507	Chattaroy, WA	77	1	Unknown	99003
508	Cheney, WA	77	1	Unknown	99004
509	Chewelah, WA	76	1	Unknown	99109
510	Clarkston, WA	75	2	Unknown	99403
511	Colbert, WA	77	1	Unknown	99005
512	Colfax, WA	78	2	Unknown	99111
513	Colton, WA	78	2	Unknown	99113
514	Cusick, WA	76	1	Unknown	99119
515	Deer Park, WA	76	1	Unknown	99006
516	Diamond, WA	78	2	Unknown	99111
517	Dishman, WA	77	1	Unknown	99213
518	Dusty, WA	78	2	Unknown	99143
519	Elberton, WA	78	2	Unknown	99130
520	Elk, WA	76	1	Unknown	99009
521	Endicott, WA	78	2	Unknown	99125
522	Ewan, WA	77	1	Unknown	99127
523	Fairchild AFB, WA	77	1	Unknown	99011
524	Fairfield, WA	77	1	Unknown	99012
525	Farmington, WA	78	2	Unknown	99128
526	Four Lakes, WA	77	1	Unknown	99014
527	Freeman, WA	77	1	Unknown	99015
528	Garfield, WA	78	2	Unknown	99130
529	Greenacres, WA	77	1	Unknown	99016
530	Hay, WA	78	2	Unknown	99136
531	Hayford, WA	77	1	Unknown	99204
532	Hooper, WA	78	2	Unknown	99333
533	Ione, WA	76	1	Unknown	99139
534	Johnson, WA	78	2	Unknown	99163
535	Lacrosse, WA	78	2	Unknown	99143
536	Lamont, WA	78	2	Unknown	99017
537	Latah, WA	77	1	Unknown	99018
538	Liberty Lake, WA	77	1	Unknown	99019
539	Loon Lake, WA	77	1	Unknown	99148
540	Malden, WA	78	2	Unknown	99149
541	Marshall, WA	77	1	Unknown	99020
542	Mean, WA	77	1	Unknown	99021
543	Medical Lake, WA	77	1	Unknown	99022
544	Metalline, WA	76	1	Unknown	99152
545	Metalline Falls, WA	76	1	Unknown	99153
546	Mica, WA	77	1	Unknown	99023
547	Mt. Hope, WA	77	1	Unknown	99012
548	Newman Lake, WA	77	1	Unknown	99025
549	Newport, WA	76	1	Unknown	99156
550	Nine Mile Falls, WA	77	1	Unknown	99026
551	Oakesdale, WA	78	2	Unknown	99158
552	Otis Orchards, WA	77	1	Unknown	99027
553	Palouse, WA	78	2	Unknown	99161

CODE	CITY NAME	COUNTY	REGION	GEO FOCUS	ZIP CODE
554	Pine City, WA	78	2	Unknown	99170
555	Plaza, WA	77	1	Unknown	99028
556	Pomeroy, WA	75	2	Unknown	99347
557	Pullman, WA	78	2	Unknown	99163-99165
558	Reardon, WA	77	1	Unknown	99029
559	Rockford, WA	77	1	Unknown	99030
560	Rosalia, WA	78	2	Unknown	99170
561	St. John, WA	78	2	Unknown	99171
562	Sharon, WA	77	1	Unknown	99203
563	Spangle, WA	77	1	Unknown	99031
564	Spokane, WA	77	1	Unknown	99201-99228 99251-99260 99291 99299
565	Steptoe, WA	78	2	Unknown	99174
566	Tekoa, WA	78	2	Unknown	99033
567	Thorton, WA	78	2	Unknown	99176
568	Tyler, WA	77	1	Unknown	99004
569	Uniontown, WA	78	2	Unknown	99179
570	Usk, WA	76	1	Unknown	99180
571	Valleyford, WA	77	1	Unknown	99036
572	Veradale, WA	77	1	Unknown	99037
573	Waverly, WA	77	1	Unknown	99039
574	Wawawai, WA	78	2	Unknown	99113
575	Willada, WA	78	2	Unknown	99171
576	Winona, WA	78	2	Unknown	99125

WYOMING

CODE	CITY NAME	COUNTY	REGION	GEO FOCUS	ZIP CODE
501	Alpine, WY	80	6	Unknown	83128
502	Auburn, WY	80	6	Unknown	83111
503	Bedford, WY	80	6	Unknown	83112
504	Cokeville, WY	80	6	Unknown	83114
505	Diamondville, WY	80	6	Unknown	83116
506	Etna, WY	80	6	Unknown	83118
507	Fairview, WY	80	6	Unknown	83119
508	Freedom, WY	80	6	Unknown	83120
509	Frontier, WY	80	6	Unknown	83121
510	Grover, WY	80	6	Unknown	83122
511	Jackson, WY	81	7	Unknown	83001
512	Jenny Lake, WY	81	7	Unknown	83012
513	Kelly, WY	81	7	Unknown	83011
514	Kemmerer, WY	80	6	Unknown	83101
515	La Barge, WY	80	6	Unknown	83123
516	Moose, WY	81	7	Unknown	83012
517	Moran, WY	81	7	Unknown	83013
518	Opal, WY	80	6	Unknown	83124
519	Sage, WY	80	6	Unknown	82901
520	Smoot, WY	80	6	Unknown	83126
521	Teton Village, WY	81	7	Unknown	83025
522	Thayne, WY	80	6	Unknown	83127
523	Wilson, WY	81	7	Unknown	83014

CITY CODES with CROSS REFERENCE (Idaho)

Last Change Date: 04/13/01

A

CODE	CITY NAME	COUNTY	REGION	GEO FOCUS	ZIPCODE
1	Aberdeen	6	6	Rural	83210
2	Acequia	34	5	Rural	83350
3	Ahsahka	18	2	Frontier	83520
4	Albion	16	5	Rural	83311
5	Almo	16	5	Rural	83312
6	American Falls	39	6	Frontier	83211
7	Ammon	10	7	Urban	83401
8	Arbon	39	6	Frontier	83212
9	Arco	12	7	Frontier	83213
10	Arimo	3	6	Urban	83214
11	Ashton	22	7	Frontier	83420
					83447
12	Athol	28	1	Urban	83801
13	Atlanta	20	4	Rural	83601
14	Atomic City	6	6	Rural	83215
15	Avery	40	1	Frontier	83802

B

16	Baker	30	7	Frontier	83467
17	Bancroft	15	6	Frontier	83217
18	Banida	21	6	Rural	83263
19	Banks	8	4	Frontier	83602
20	Basalt	6	6	Rural	83218
21	Bayview	28	1	Urban	83803
22	Bear	2	3	Frontier	83612
23	Bellevue	7	5	Frontier	83313
24	Bennington	4	6	Rural	83254
25	Bern	4	6	Rural	83220
26	Blackfoot	6	6	Rural	83221
					83277
27	Blanchard	9	1	Rural	83804
28	Bliss	24	5	Frontier	83314
29	Bloomington	4	6	Rural	83223
30	Boise	1	4	Urban	83701 – 83709
					83711 – 83716
					83719 – 83733
					83735
					83744
					83756
					83757
					83788
31	Bonnors Ferry	11	1	Rural	83805
32	Bovill	29	2	Rural	83806
33	Bridge	16	5	Rural	83342
34	Bruneau	37	3	Frontier	83604

	CODE	CITY NAME	COUNTY	REGION	GEO FOCUS	ZIPCODE
	35	Buhl	42	5	Urban	83316
	36	Burke	40	1	Frontier	83873
	37	Burley	16	5	Rural	83318
C	38	Calder	40	1	Frontier	83808
	39	Caldwell	14	3	Urban	83605 - 83606
	40	Cambridge	44	3	Frontier	83610
	41	Carey	7	5	Frontier	83320
	42	Careywood	9	1	Rural	83809
	43	Carmen	30	7	Frontier	83462
	44	Cascade	43	4	Frontier	83611
	45	Castlefords	42	5	Urban	83321
	46	Cataldo	28	1	Urban	83810
	314	Centerville	8	4	Frontier	83631
	47	Challis	19	7	Frontier	83226
						83229
	48	Chester	22	7	Frontier	83421
	49	Chubbuck	3	6	Urban	83202
	50	Clark Fork	9	1	Rural	83811
	51	Clarkia	40	1	Frontier	83812
	52	Clayton	19	7	Frontier	83227
	53	Clearwater	25	2	Frontier	83539
	54	Clifton	21	6	Rural	83228
	55	Cobalt	19	7	Frontier	83229
	56	Cocolalla	9	1	Rural	83813
	57	Coeur d'Alene	28	1	Urban	83814 – 83816
	58	Colburn	9	1	Rural	83865
	59	Conda	15	6	Frontier	83230
	60	Coolin	9	1	Rural	83821
	61	Corral	13	5	Frontier	83322
	62	Cottonwood	25	2	Frontier	83522
						83533
						83538
	63	Council	2	3	Frontier	83612
	64	Craigmont	31	2	Rural	83523
	65	Culdesac	35	2	Urban	83524
D	(311)	Dalton Gardens	28	1	Rural	83815
	66	Darlington	12	7	Frontier	83231
	67	Dayton	21	6	Rural	83232
	68	Deary	29	2	Rural	83823
	69	Declo	16	5	Rural	83323
	70	Desmit	5	1	Rural	83824
	71	Dietrich	32	5	Frontier	83324
	72	Dingle	4	6	Rural	83233
	73	Dixie	25	2	Frontier	83525
	74	Donnelly	43	4	Frontier	83615
	75	Dover	9	1	Rural	83825
	76	Downey	3	6	Urban	83234
	77	Driggs	41	7	Rural	83422

	CODE	CITY NAME	COUNTY	REGION	GEO FOCUS	ZIPCODE
	78	Dubois	17	7	Frontier	83423 83446
E	79	Eagle	1	4	Urban	83616
	80	Eastport	11	1	Rural	83826
	81	Eden	27	5	Rural	83325
	82	Elba	16	5	Rural	83326
	83	Elk City	25	2	Frontier	83525
	84	Elk Horn Village	7	5	Frontier	83354
	85	Elk River	18	2	Frontier	83827
	86	Ellis	19	7	Frontier	83235
	87	Emida	5	5	Rural	83861
	88	Emmett	23	3	Rural	83617
	89	Enaville	40	1	Frontier	83839
F	90	Fairfield	13	5	Frontier	83322 83327
	91	Felt	41	7	Rural	83424
	92	Fenn	25	2	Frontier	83531
	93	Ferdinand	25	2	Frontier	83526
	94	Fernwood	5	1	Rural	83830
	95	Filer	42	5	Urban	83328
	96	Fish Haven	4	6	Rural	83287
	97	Firth	6	6	Rural	83236
	98	Fort Hall	6	6	Rural	83203
	100	Franklin	21	6	Rural	83237
	101	Fruitland	38	3	Rural	83619
	102	Fruitvale	2	3	Frontier	83620
G	103	Garden City	1	4	Urban	83714
	104	Garden Valley	8	4	Frontier	83622
	105	Gardena	8	4	Frontier	83629
	106	Genessee	29	2	Rural	83832
	107	Geneva	4	6	Rural	83238
	108	Georgetown	4	6	Rural	83239
	109	Gibbonsville	30	7	Frontier	83463
	110	Glenns Ferry	20	4	Rural	83623
	111	Gooding	24	5	Frontier	83330
	112	Grace	15	6	Frontier	83241
	113	Grandview	37	3	Frontier	83624
	114	Grangeville	25	2	Frontier	83531
	115	Grasmere	37	3	Frontier	83604
	116	Greencreek	25	2	Frontier	83533
	117	Greenleaf	14	3	Urban	83626
H	118	Hagerman	24	5	Frontier	83332
	119	Hailey	7	5	Frontier	83333
	120	Hamer	26	7	Rural	83425
	121	Hammett	20	4	Rural	83627
	122	Hansen	42	5	Urban	83334

	CODE	CITY NAME	COUNTY	REGION	GEO FOCUS	ZIPCODE
	123	Harrison	28	1	Urban	83842
	124	Harvard	29	2	Rural	83834
	125	Hayden	28	1	Urban	83835
	126	Hayden Lake	28	1	Urban	83835
	(267)	Hayden Lake	28	1	Urban	83835
	127	Hazelton	27	5	Rural	83335
	128	Headquarters	18	2	Frontier	83546
	129	Heyburn	34	5	Rural	83336
	130	Hill City	13	5	Frontier	83337
	131	Holbrook	36	6	Frontier	83243
	313	Hollister	42	5	Frontier	83301
	132	Homedale	37	3	Frontier	83628
	133	Hope	9	1	Rural	83836
	134	Horseshoe Bend	8	4	Frontier	83629
	135	Howe	12	7	Frontier	83244
	136	Huston	14	3	Urban	83630
I	137	Idaho City	8	4	Frontier	83631
	138	Idaho Falls	10	7	Urban	83401 – 83406 83415
	139	Indian Valley	2	3	Frontier	83632
	140	Inkom	3	6	Urban	83245
	141	Iona	10	7	Urban	83427
	142	Irwin	10	7	Urban	83428
	143	Island Park	22	7	Frontier	83429 83433
J	144	Jerome	27	5	Rural	83338
	145	Juliaetta	29	2	Rural	83535
K	146	Kamiah	31	2	Rural	83536
	147	Kellogg	40	1	Frontier	83837
	148	Kendrick	29	2	Rural	83537
	149	Ketchum	7	5	Frontier	83340
	150	Keuterville	25	2	Frontier	83538
	151	Kimberly	42	5	Urban	83341
	152	King Hill	20	4	Rural	83633
	153	Kingston	40	1	Frontier	83839
	154	Kooskia	25	2	Frontier	83539
	155	Kootenai	9	1	Rural	83840
	156	Kuna	1	4	Urban	83634
L	157	Laclede	9	1	Rural	83841
	158	Lake Fork	43	4	Frontier	83635
	159	Lapwai	35	2	Urban	83540
	160	Lava Hot Springs	3	6	Urban	83246
	161	Leadore	30	7	Frontier	83464
	162	Lemhi	30	7	Frontier	83465
	163	Lenore	35	2	Urban	83541
	164	Leslie	19	7	Frontier	83255

	CODE	CITY NAME	COUNTY	REGION	GEO FOCUS	ZIPCODE
	165	Letha	23	3	Rural	83636
	166	Lewiston	35	2	Urban	83501
	167	Lewisville	26	7	Rural	83431
	168	Lorenzo	26	7	Rural	83442
	169	Lowman	8	4	Frontier	83637
	170	Lucile	25	2	Frontier	83542
M	171	Mackay	19	7	Frontier	83251
	172	Macks Inn	22	7	Frontier	83433
	173	Malad City	36	6	Frontier	83252
						83280
	174	Malta	16	5	Rural	83342
	175	Marsing	37	3	Frontier	83639
	176	May	30	7	Frontier	83253
	177	McCall	43	4	Frontier	83635
						83638
	178	McCammon	3	6	Urban	83250
	179	Medimont	28	1	Urban	83842
	180	Melba	14	3	Urban	83641
	181	Menan	26	7	Rural	83434
	182	Meridian	1	4	Urban	83642
						83680
	183	Mesa	2	3	Frontier	83643
	184	Middleton	14	3	Urban	83644
	185	Midvale	44	3	Frontier	83645
	186	Minidoka	34	5	Rural	83343
	187	Montevue	26	7	Rural	83435
	188	Montour	23	3	Rural	83617
	189	Montpelier	4	6	Rural	83254
	190	Moore	12	7	Frontier	83231
						83255
	191	Moreland	6	6	Rural	83256
	192	Moscow	29	2	Rural	83843
						83844
	193	Mountain Home	20	4	Rural	83647
	194	Mountain Home AFB	20	4	Rural	83648
	195	Moyle Springs	11	1	Rural	83845
	196	Mullan	40	1	Frontier	83846
	197	Murphy	37	3	Frontier	83650
	198	Murray	40	1	Frontier	83874
	199	Murtaugh	42	5	Urban	83344
N	200	Naf	16	5	Rural	83342
	201	Nampa	14	3	Urban	83651 – 83653
						83686
						83687
	202	Naples	11	1	Rural	83847
	203	Newdale	22	7	Frontier	83436
	204	New Meadows	2	3	Frontier	83654
	205	New Plymouth	38	3	Rural	83655
	206	Nezperce	31	2	Rural	83543

	CODE	CITY NAME	COUNTY	REGION	GEO FOCUS	ZIPCODE
	207	Nordman	9	1	Rural	83848
	208	North Fork	30	7	Frontier	83466
						83469
	209	Notus	14	3	Urban	83656
O	210	Oakley	16	5	Rural	83346
	211	Obsidian	7	7	Frontier	83340
	212	Ola	23	3	Rural	83657
	213	Oldtown	9	1	Rural	83822
	(312)	Onoway	29	2	Rural	83855
	214	Oreana	37	3	Frontier	83650
	215	Orofino	18	2	Frontier	83544
	216	Osburn	40	1	Frontier	83849
	217	Ovid	4	6	Rural	83220
						83260
P	218	Palisades	10	7	Urban	83437
	219	Paris	4	6	Rural	83261
						83267
	220	Parker	22	7	Frontier	83438
	221	Parma	14	3	Urban	83660
	222	Patterson	30	7	Frontier	83253
	223	Paul	34	5	Rural	83347
	224	Payette	38	3	Rural	83661
	225	Peck	35	2	Urban	83545
	226	Picabo	7	5	Frontier	83348
	227	Pierce	18	2	Frontier	83546
	228	Pinehurst	40	1	Frontier	83850
	229	Pingree	6	6	Rural	83262
	230	Placerville	8	4	Frontier	83666
	231	Plummer	5	1	Rural	83851
	232	Pocatello	3	6	Urban	83201 – 83206
						83209
	233	Pollock	25	2	Frontier	83547
	234	Ponderay	9	1	Rural	83852
	235	Porthill	11	1	Rural	83853
	236	Post Falls	28	1	Urban	83854
	237	Potlatch	29	2	Rural	83855
	238	Preston	21	6	Rural	83263
	315	Prichard	40	1	Frontier	83873
	239	Priest River	9	1	Rural	83856
	240	Princeton	29	2	Rural	83857
R	241	Rathdrum	28	1	Urban	83858
	242	Reubens	35	2	Urban	83548
	243	Rexburg	33	7	Rural	83440
						83441
						83460
	244	Richfield	32	5	Frontier	83349
	245	Riddle	37	3	Frontier	83605
	246	Rigby	26	7	Rural	83442

	CODE	CITY NAME	COUNTY	REGION	GEO FOCUS	ZIPCODE
	247	Riggins	25	2	Frontier	83549
	248	Ririe	26	7	Rural	83443
	249	Roberts	26	7	Rural	83444
	250	Rockland	39	6	Frontier	83271
	251	Rogerson	42	5	Urban	83302
	252	Rupert	34	5	Rural	83343
						83350
S	253	Sagle	9	1	Rural	83860
	254	St. Anthony	22	7	Frontier	83445
	255	St. Charles	4	6	Rural	83272
	256	St. Maries	5	1	Rural	83861
	257	Salmon	30	7	Frontier	83467
	258	Samuels	9	1	Rural	83862
	259	Sanders	5	1	Rural	83870
	260	Sandpoint	9	1	Rural	83809
						83840
						83862
						83864
						83865
	260	Santa	5	1	Rural	83866
	262	Shelley	6	6	Rural	83274
	263	Shoshone	32	5	Frontier	83324
	264	Shoup	30	7	Frontier	83469
	265	Silverton	40	2	Frontier	83867
	266	Smelterville	40	1	Frontier	83868
	267	Hayden Lake	28	1	Urban	83835
	268	Smiths Ferry	43	4	Frontier	83611
	(310)	Soda Springs	15	6	Rural	83230
						83276
						83285
						83230
						83276
						83285
	269	Southwick	35	2	Urban	83537
	270	Spalding	35	2	Urban	83551
	271	Spencer	17	7	Frontier	83446
	272	Spirit Lake	28	1	Urban	83869
	273	Springfield	6	6	Rural	83277
	274	Squirrel	22	7	Frontier	83447
	275	Stanley	19	7	Frontier	83278
	276	Star	1	4	Urban	83669
	317	Star Ranch	8	4	Rural	83631
	277	Sterling	6	6	Rural	83210
	278	Stites	25	2	Frontier	83552
	279	Stone	36	6	Frontier	83280
	280	Sugar City	33	7	Rural	83448
	281	Sun Valley	7	5	Frontier	83353
						83354
	282	Swanlake	3	6	Urban	83281
	283	Swan Valley	10	7	Urban	83449
	284	Sweet	23	3	Rural	83670

	CODE	CITY NAME	COUNTY	REGION	GEO FOCUS	ZIPCODE
T	285	Tendoy	30	7	Frontier	83468
	286	Tensed	5	1	Rural	83870
	287	Terreton	26	7	Rural	83450
	288	Teton	22	7	Frontier	83451
	289	Tetonia	41	7	Rural	83452
	290	Thatcher	21	6	Rural	83283
	291	Thornton	33	7	Rural	83440
	292	Troy	29	2	Rural	83871
	293	Tuttle	40	5	Frontier	83037
	294	Twin Falls	42	5	Urban	83301
						83303
	316	Twin Lakes	28	1	Frontier	83858
	295	Ucon	10	7	Urban	83454
V	296	Victor	41	7	Rural	83455
	297	Viola	29	2	Rural	83872
W	298	Wallace	40	1	Frontier	83873
	299	Warren	25	2	Frontier	83671
	300	Wayan	15	6	Frontier	83285
	301	Weippe	18	2	Frontier	83553
	302	Weiser	44	3	Frontier	83672
	303	Wendell	24	5	Frontier	83355
	304	Weston	21	6	Rural	83286
	305	White Bird	25	2	Frontier	83554
	306	Wilder	14	3	Urban	83676
	307	Winchester	31	2	Rural	83555
	308	Worley	28	1	Urban	83876
Y	309	Yellow Pine	43	4	Frontier	83677
	99	Unknown	9	9	Unknown	
	999	All Other Out Of State Areas				

Claim Status Codes For The Electronic Remittance And Status Reports (ERA)

Last Change Date: 04/11/03; 4/12/05 Revised as table

Code	Description
1	Processed as Primary
2	Processed as Secondary
3	Processed as Tertiary
4	Denied
22	Reversal of Previous Payment

CLAIM TYPE CODES

Last Change Date: 06/04/96, Revised 4/12/05 into Table format

Code	Description
L	Dental
D	Drug
H	Hospice
I	Inpatient
M	HCFA
N	Nursing Home
O	Outpatient
Q	Home Health
W	Institutional Part A Crossover
X	Institutional Part B Crossover
Y	Professional Crossover

CLAIM TYPE TO CLAIM FORM

Last Change Date: 09/03/96; Revision 4/19/05 For Table Format

Code	Description
M	HCFA-1500
Q	UB-92
N	UB-92
I	UB-92
O	UB-92
H	UB-92
D	Pharmacy
L	Dental
W	UB-92
X	UB-92
Y	HCFA-1500

CLAIM TYPE TO PROVIDER TYPE TO CLAIM FORM CROSS-REFERENCE

Last Change Date: 02/12/03

Claim Type	Provider Type	Description	Claim Form
I, O, W, X	001	Hospital	UB-92
M, Y	002	Clinic	HCFA-1500
L, Y	003	Dental	DENTAL
M, Y	004	Physicians	HCFA-1500
M, Y	005	Osteopath	HCFA-1500
M, Y	006	Vision services	HCFA-1500
D	007	Pharmacy	DRUG
Q, X	008	Home health agency	UB-92
M, Y	009	Pathology laboratory	HCFA-1500
M, Y	010	Transportation	HCFA-1500
N, W, X	011	Long term care facility	UB-92
H, W	012	Hospice	UB-92
M	013	Rehabilitative option	HCFA-1500
M, Y	014	Durable medical equipment and suppliers	HCFA-1500
M	015	Personal care services	HCFA-1500
M, Y	016	Mid-level practitioner	HCFA-1500
M	017	Nursing services	HCFA-1500
M	018	Case management services	HCFA-1500
M	019	Home and community based services waiver for adults	HCFA-1500
M, Y	020	Essential care providers	HCFA-1500
M, Y	021	Federally Qualified Health Center	HCFA-1500
M, Y	022	Ambulatory surgical center	HCFA-1500
M, Y	023	Other health care providers of the healing arts	HCFA-1500
M, Y	024	Hearing services	HCFA-1500
M	025	Managed care	
NONE	026	Non-participating provider	NONE
W, X, Y	027	Crossover provider	UB-92, HCFA-1500

CLERK TYPES

Last Change Date: 10/29/96: Revised 04/20/05 For Table Format

Code	Description
001	STATE - MEDICAID POLICY & REIMBURSEMENT
002	STATE - EPSDT
003	STATE - DENTAL
004	EDS
005	ITM Transportation
006	PRO-West
021	RMU I(Regional Medicaid Unit)
022	RMU II
023	RMU III
024	RMU IV
025	RMU V
026	RMU VI
027	RMU VII
031	RAU I(Regional ACCESS Unit)
032	RAU II
033	RAU III
034	RAU IV
035	RAU V
036	RAU VI
037	RAU VII
041	RMH I(Regional Mental Health Authority)
042	RMH II
043	RMH III
044	RMH IV
045	RMH V
046	RMH VI
047	RMH VII
091	BUREAU OF CHILD SUPPORT
092	STATE - HEALTHY CONNECTIONS
093	STATE - MAS
094	KPMG
095	STATE -SYSTEMS & OPERATIONS
096	STATE-FIELD OFFICE
097	STATE - OTHER
098	CON - Contractor not otherwise defined
099	UND - Undefined

CLIENT SERVICE LIMITATIONS

Last Change Date: 03/30/01

Description of Limited Services	Allowance Number	Period
Adult diapers	180	1 month
Child briefs	240	1 month
Dental		
Dental examination	1	6 months
Full mouth xray	1	3 years
Single film xray (dental bitewing)	1	6 months
Upper dentures	1	5 years
Lower dentures	1	5 years
Sealants ages 6-16	1	3 years
Emergency room visit	6	1 year
Hearing		
Hearing aid	1	lifetime
Refitting hearing aid	1	4 years
Home health visit	100	1 year
LOA for ICF/MR	36	1 year
LOA for NF	15	1 year
Medical supplies (without PA)	\$100	1 month
Nutritional visits under 21	2	1 year
Nutritional visits during pregnancy	2	pregnancy
Physical therapy visits	25	1 year
Physical therapy visits: 7/01/00-12/31/00	25	1 year
Psychiatric services	180	1 year
Psychiatric testing	48	1 year
Vision		
Eye examination over 21 years old	1	1 year
Eyeglass frames every over 21 years old	1	4 years
Eyeglass lenses (except replacement)	2	1 year
Wheelchair purchase	1	5 years

CLINICAL LABORATORY CODES (CLIA)

Last Change Date: 05/31/96; Format into Table 04/20/05

Code	Description
010	Histocompatibility testing
100	Microbiology
110	Bacteriology
115	Mycobacteriology
120	Mycology
130	Parasitology
140	Virology
150	Other
200	Serology
210	Syphilis
220	Other
300	Chemistry
310	Routine Chemistry
320	Urinalysis
330	Endocrinology
340	Toxicology
350	Other Chemistry
400	Hematology
500	Immunohematology
510	Blood Group & Typing Rh
520	Antibody Detection (transfusion)
530	Antibody Detection (nontransfusion)
540	Antibody
550	Compatibility Testing
560	Other Immunohematology
600	Pathology
610	Histopathology
620	Oral pathology
630	Diagnostic Cytology
700	Physiologic Testing
710	EKG Service
800	Radiobioassay
810	Histocompatibility
900	Clinical Cytogenetics

COMMUNICATION LEVEL CODE (REWA)

Last Change Date: 06/04/96; Revised to Table Format 04/20/05

Code	Description
00	Verbal
01	Sign
02	Argumentative
03	Expression Difficulty
04	Unable to Make Needs Known

CONDITION CODES TABLE

Last Change Date: 06/04/96; Revised Into Table Format 04/20/05

Code	Description
INSURANCE CODES	
01	Military Service Related
02	Condition is Employment Related
03	Patient Covered By Insurance Not Reflected Here
04	HMO enrollee
05	Lien Has Been Filed
06	ESRD Patient in 1st 18 months of entitlement Covered Employer Group Health Insurance
07	Treatment of Non-terminal Condition for Hospice Patient
08	Beneficiary would not provide information concerning other insurance
09	Neither Patient nor spouse is employed
10	Patient and/or Spouse is employed but no EGHP Exists
11	Disabled Beneficiary but No LGHP
12-16	Payer codes - for use by payer only
SPECIAL CONDITIONS	
17	Reserved for national assignment
18	Maiden Name Retained
19	Child Retains Mother's Name
20	Beneficiary Requested Billing
21	Billing for Denial Notice
22	Patient on Multiple Drug Regimen
23	Homecare giver Available
24	Home IV Patient Also Receiving HHA Services
25	reserved for national assignment
26	VA Eligible Patient Chooses to Receive Services in a Medicare Certified
27	Patient Referred to a Sole Community Hospital for a Diagnostic Laboratory test
28	Patient and/or Spouse's EGHP Secondary to Medicare
29	Disabled Beneficiary and/or Family Member's LGHP is Secondary to Medicare
30	Reserved for national assignment
STUDENT STATUS	
31	Patient is student (full time - day)
32	Patient is student (cooperative/work study program)
33	Patient is student (full time - night)
34	Patient is student (part time)
35	Reserved for national assignment

ACCOMMODATIONS	
36	General care Patient in a Special Unit
37	Ward Accommodations at Patient Request
38	Semi-Private Room Not Available
39	Private Room Medically Necessary
40	Same Day Transfer
41	Partial Hospitalization
42-45	Reserved for National Assignment
CHAMPUS INFORMATION	
46	Non-availability Statement on File
47	Reserved for CHAMPUS
48	Psychiatric Residential Treatment Centers for Children and Adolescents (RTC's)
49-54	Reserved for national assignment
SNF INFORMATION	
55	SNF bed not available
56	Medical appropriateness
57	SNF readmission
58-59	Reserved for national assignment
PROSPECTIVE PAYMENT	
60	Day Outlier
61	Cost Outlier
62	Payer Code (Payer internal use only - not used by Providers)
63-65	reserved for payer use only (not used by Providers)
66	Provider does not wish cost outlier payment
67-69	reserved for national assignment
RENAL DIALYSIS SETTING	
70	Self-administered EPO
71	Full Care in Unit
72	Self-Care in Unit
73	Self-Care Training
74	Home
75	Home - 100% Reimbursement
76	Back-up in Facility Dialysis
77	Provider accepts or is obligated/required due to a contractual arrangement or law to accept payment by a primary payer as payment in full
78	New Coverage Not Implemented HMO
79	CORF Services Provided Offsite
80-99	reserved for State Assignment

SPECIAL PROGRAMS	
A0	CHAMPUS External Partnership Program
A1	EPSDT/CHAP Treatment
A2	Physically Handicapped Children's Program
A3	Special Federal Funding
A4	Family Planning
A5	Disability
A6	PPV/Medicare
A7	Induced abortion danger to life
A8	Induced abortion victim rape/incest
A9	Second Opinion Surgery on surgery
B0-B9	reserved for national assignment
PRO APPROVAL INDICATOR SERVICES	
C0	reserved for national assignment
C1	Approved as Billed
C2	Automatic approval as billed based on focused review
C3	Partial Approval
C4	Admission/Services Denied
C5	Postpayment Review Applicable
C6	Admission Preauthorization
C7	Extended Authorization
C8-C9	reserved for national assignment
CLAIM CHANGE REASONS	
D0	Changes to Service Dates
D1	Changes to Charges
D2	Changes in Revenue Codes/HCPSCS
D3	Second or Subsequent Interim PPS Bill
D4	Change in GROUPER Input
D5	Cancel to Correct HICN or Provider ID
D6	Cancel Only to Repay an OIG Overpayment
D7	Change to Make Medicare the Secondary Payer
D8	Change to Make Medicare the Primary Payer
D9	Any other Change
E0	Change in Patient Status
E1-W9	reserved for national assignment
X0-Z9	reserved for state assignment

CONTINENCE LEVEL (REWA)

Last Change Date: 06/04/96

Code	Description
0	Continent
1	Inc - Bladder
2	Inc - Bowel
3	Inc - B&B
4	Occasional
5	Toilet Training Program

CONVERSION FACTOR INDICATOR ASSIGNMENT TABLE

Last Change Date: 05/31/96; Revised Into Table Format 04/20/05

Indicator	Description	CPT Procedure Code(s)
01	Medicine	90000 - 90749
		90778 - 90799
		90918 - 92547
		92950 - 99373
		99431 - 99499
02	Surgery	10000 - 58999
		60000 - 69999
03	EPSDT	90750 - 90774
04	Radiology	70000 - 79999
05	Laboratory	80000 - 89999
06	Audiology	92551 - 92599
07	Anesthesia	00100 - 01999
08	Maternity	59000 - 59899
09	Psychiatry	90801 – 90915
FOR CONVERSION OF LEVEL-3 PRICING SEGMENTS		

CONVERSION FACTORS INDICATORS

Last Change Date: 06/15/98: Revised Format 04/20/05

Indicator	Description	Dollar Amount 7/1/1996	Dollar Amount 7/1/1997	Dollar Amount 7/1/1998
01	Medicine	\$3.83	\$3.95	\$4.04
02	Surgery	\$85.25	\$87.89	\$89.91
03	EPSDT	\$3.83	\$3.95	\$4.04
04	Radiology	\$8.35	\$8.61	\$8.81
05	Laboratory	\$8.81	\$9.08	\$9.29
06	Audiology	\$3.83	\$3.95	\$4.04
07	Anesthesia	\$0.96	\$1.00	\$1.01
08	Maternity	\$85.25	\$87.89	\$89.91
09	Psychiatry	\$3.83	\$3.95	\$4.04

CORRECTION FLAG (Drug Rebate)

Last Change Date: 05/31/96; Revised Into Table Format 04/20/05

Code	Description
1	Current quarter unit rebate amount
2	Prior period original unit
3	Prior period adjusted unit rebate amount

COST CENTER CROSS-REFERENCE TO REVENUE CODES AND PROCEDURE CODES

Last Change Date 08/24/1999

Cost Center	Description	Revenue From	Revenue To	Procedure From	Procedure To
001	Blood Service	380	387		
001	Blood Service	389	398		
001	Blood Service	390	391		
001	Blood Service	399	399		
002	Operating Room	360	362		
002	Operating Room	367	367		
003	Recovery Room	710	710		
004	Inhalation Therapy	410	410		
004	Inhalation Therapy	412	413		
004	Inhalation Therapy	419	419		
005	Med/Surg Supplies	270	279		
005	Med/Surg Supplies	623	623		
006	Physical Therapy	420	424		
006	Physical Therapy	429	429		
007	Pharmacy	250	257		
007	Pharmacy	259	259		
008	X-Ray	320	324		
008	X-Ray	329	329		
008	X-Ray	621	621		
008	X-Ray Blended Rate			A4641	A4641
008	X-Ray Blended Rate			70010	70332
008	X-Ray Blended Rate			70350	70390
008	X-Ray Blended Rate			71010	71130
008	X-Ray Blended Rate			72010	72120
008	X-Ray Blended Rate			72170	72190
008	X-Ray Blended Rate			72200	73140
008	X-Ray Blended Rate			73500	73660
008	X-Ray Blended Rate			74000	74022
008	X-Ray Blended Rate			74190	74283
008	X-Ray Blended Rate			74290	74775
008	X-Ray Blended Rate			75600	75984
008	X-Ray Blended Rate			75992	76066
008	X-Ray Blended Rate			76075	76088
008	X-Ray Blended Rate			76095	76125
009	Short Stay-Op Surg	490	490		
009	Short Stay-Op Surg	499	499		
010	Diagnostic Lab	300	307		
010	Diagnostic Lab	309	309		
010	Diagnostic Lab	634	636		
010	Diagnostic Lab	920	920		

Cost Center	Description	Revenue From	Revenue To	Procedure From	Procedure To
010	Diagnostic Lab	923	925		
010	Diagnostic Lab			36415	36415
010	Diagnostic Lab			53670	53670
010	Diagnostic Lab			80002	89399
010	Diagnostic Lab			93923	93923
010	Diagnostic Lab			99000	99001
010	Diagnostic Lab			G0058	G0058
010	Diagnostic Lab			G0059	G0059
010	Diagnostic Lab			G0060	G0060
010	Diagnostic Lab			G0001	G0001
011	Lab Pathology	310	312		
011	Lab Pathology	314	314		
011	Lab Pathology	319	319		
012	MRI-Blended Rate	404	404		
012	MRI-Blended Rate	610	612		
012	MRI-Blended Rate	619	619		
012	MRI-Blended Rate			70336	70336
012	MRI-Blended Rate			70540	70553
012	MRI-Blended Rate			71550	71555
012	MRI-Blended Rate			72141	72159
012	MRI-Blended Rate			72196	72198
012	MRI-Blended Rate			73220	73225
012	MRI-Blended Rate			73720	73725
012	MRI-Blended Rate			74181	74185
012	MRI-Blended Rate			75550	75556
012	MRI-Blended Rate			76093	76094
012	MRI-Blended Rate			76400	76499
013	Facility Use-Clinic	510	512		
013	Facility Use-Clinic	519	519		
014	Facility Use-ER	450	450		
014	Facility Use-ER	459	459		
014	Facility Use-ER	700	700		
014	Facility Use-ER	750	750		
014	Facility Use-ER	760	762		
014	Facility Use-ER	769	769		
015	O/P Routine Services	509	509		
016	IV Therapy	260	264		
016	IV Therapy	269	269		
017	Medical Soc Services	560	561		
017	Medical Soc Services	569	569		
018	Other-Nuclear Med	340	341		
018	Other-Nuclear Med	349	349		
019	Admission Kits	997	997		
020	Inp Observation Room	073	073		

Cost Center	Description	Revenue From	Revenue To	Procedure From	Procedure To
020	Inp Observation Room	513	513		
021	Unspecified Services	500	500		
022	Anesthesia	370	372		
022	Anesthesia	374	374		
022	Anesthesia	379	379		
023	Cardiopulmonary	480	480		
023	Cardiopulmonary	482	482		
023	Cardiopulmonary-Not On File	483	483		
024	Pulmonary Function	460	460		
024	Pulmonary Function	469	469		
025	Psychiatric Services	901	901		
025	Psychiatric Services	910	910		
025	Psychiatric Services	914	916		
025	Psychiatric Services	918	918		
026	Ambulance	540	540		
026	Ambulance	549	549		
027	EEG	740	740		
028	EMG	921	922		
029	CT Scan Blended Rate	350	352		
029	CT Scan Blended Rate	359	359		
029	CT Scan Blended Rate			76070	76070
029	CT Scan Blended Rate			74150	74170
029	CT Scan Blended Rate			73700	73702
029	CT Scan Blended Rate			73200	73202
029	CT Scan Blended Rate			72192	72194
029	CT Scan Blended Rate			72125	72133
029	CT Scan Blended Rate			71250	71270
029	CT Scan Blended Rate			70450	70492
029	CT Scan Blended Rate			76355	76380
030	Ultrasound Sonogram	400	400		
030	Ultrasound Sonogram	403	403		
030	Ultrasound Blended Rate			93325	93325
030	Ultrasound Blended Rate			93875	93875
030	Ultrasound Blended Rate			75989	75989
030	Ultrasound Blended Rate			76506	76999
031	Cardiac Cath	481	481		
032	Telemetry	489	489		
033	Chemotherapy	331	332		
033	Chemotherapy	335	335		
034	Onocology	280	280		
035	Onocology	289	289		
036	Speech Therapy	440	444		
036	Speech Therapy	449	449		
037	Occupational Therapy	430	434		

Cost Center	Description	Revenue From	Revenue To	Procedure From	Procedure To
037	Occupational Therapy	439	439		
038	Renal Dialysis	800	804		
038	Renal Dialysis	809	809		
039	Labor/Delivery Services	720	724		
039	Labor/Delivery Services	729	729		
040	Home Health Supplies			0876H	0876H
041	Outpatient-OB Check	072	072		
042	Skilled Nurse Visit			0877H	0877H
043	Aide Visit			0878H	0878H
044	HH Phys Therap Visit			0881H	0881H
045	Rental DME			E1399	E1399
045	Rental DME	290	294		
045	Rental DME	299	299		
046	Rural Health			0831R	0831R
046	Rural Health			0833R	0833R
046	Rural Health			0900R	0900R
046	Rural Health			0901R	0901R
046	Rural Health			0902R	0902R
046	Rural Health			0903R	0903R
046	Rural Health			0904R	0904R
046	Rural Health			0905R	0905R
046	Rural Health			0906R	0906R
046	Rural Health			0907R	0907R
046	Rural Health			0908R	0908R
046	Rural Health			0909R	0909R
046	Rural Health			0910R	0910R
046	Rural Health			0913R	0913R
046	Rural Health			0914R	0914R
046	Rural Health			0917R	0917R
046	Rural Health			0918R	0918R
046	Rural Health			0919R	0919R
046	Rural Health			0920R	0920R
046	Rural Health			0921R	0921R
046	Rural Health			0923R	0923R
046	Rural Health			0924R	0924R
046	Rural Health			0925R	0925R
046	Rural Health			0926R	0926R
046	Rural Health			0927R	0927R
046	Rural Health			0929R	0929R
046	Rural Health			0930R	0930R
046	Rural Health			0938R	0938R
046	Rural Health			0975R	0975R
046	Rural Health			0976R	0976R
046	Rural Health			0977R	0977R

Cost Center	Description	Revenue From	Revenue To	Procedure From	Procedure To
046	Rural Health			0978R	0978R
046	Rural Health			0979R	0979R
046	Rural Health			0980R	0980R
046	Rural Health			0981R	0981R
046	Rural Health			0982R	0982R
046	Rural Health			0989R	0989R
046	Rural Health			D0999	D0999
047	Admin Nec Days	074	074		
048	Organ Procurement	890	893		
048	Organ Procurement	899	899		
049	Hemodialysis	820	821		
050	Peritoneal	830	831		
051	CAPD	840	841		
052	CCPD	850	851		
053	Osteopathic Services	530	531		
054	Skilled Nursing	550	551		
054	Skilled Nursing	559	559		
055	Supplies/Orhte Dx Svcs	622	622		
056	GC-Hospice Services	650	650		
057	Routine Home Care	651	651		
058	Continuous Home Care	652	652		
059	Inpatient Respite Care	655	655		
060	General Inpatient Care	656	656		
061	Hospice-Physician Svcs	657	657		
062	Other Hospice	658	659		
063	Lithotripsy	790	790		
064	Air Ambulance	546	546		
065	Neonatal Ambulance	545	545		
066	EKG/Monitoring	730	732		
067	PWC-Maternity Nurse Visit			0096C	0096C
068	PWC-Skilled Nurse Visits			0095C	0095C
069	PWC-Nutrition Services			0090C	0090C
070	PWC-Ind & Fam Soc Svcs			0085C	0085C
071	PWC-Risk Reduction			0080C	0080C
072	OTS/CME/Routine	946	946		
073	Recreational Rx	940	940		
073	Recreational Rx	941	941		
074	IV Solutions	258	258		
075	Misc Dialysis	880	881		
075	Misc Dialysis	889	889		
076	Day Care-Psych Svcs	912	912		
077	Diagnostic Mammography	401	401		
077	Dx Mamography Blended Rate			76090	76091
078	Screening Mammography	402	402		

Cost Center	Description	Revenue From	Revenue To	Procedure From	Procedure To
078	Screening Mammography-B/R			76092	76092
079	Ther. Nuclear Medicine	342	342		
080	Audiology Services	470	472		
080	Audiology Services	479	479		
081	GC Organ Procurement	810	810		
082	Living Donor	811	811		
083	Cadaver Donor	812	812		
084	Unknown Donor	813	813		
085	Other Kidney Acq	814	814		
086	Cadaver Donor Heart	815	815		
087	Other Heart Acquisition	816	816		
088	Donor Liver	817	817		
089	Other Organ Acquisition	819	819		
090	OTS/CME/Ancillary	947	947		
091	Hha-Influenza Vacine	771	771		
092	Cardiac Rehab	942	943		
093	Therapeutic Radiology	330	330		
093	Therapeutic Radiology	333	333		
093	Therapeutic Radiology	339	339		
093	Therapeutic Radiology			79000	79000
093	Therapeutic Radiology			79001	79001
093	Therapeutic Radiology			79020	79020
093	Therapeutic Radiology			79030	79030
093	Therapeutic Radiology			79035	79035
093	Therapeutic Radiology			79100	79100
093	Therapeutic Radiology			79200	79200
093	Therapeutic Radiology			79300	79300
093	Therapeutic Radiology			79400	79400
093	Therapeutic Radiology			79420	79420
093	Therapeutic Radiology			79440	79440
093	Therapeutic Radiology			79900	79900
093	Therapeutic Radiology			79999	79999
094	Not Used				
095	Occupat Therapy Visit			0882H	0882H
096	Drug Rehabilitation	944	944		
097	Alcohol Rehabilitation	945	945		
098	Outpatient Sugery			10000	36414
098	Outpatient Sugery			36416	53669
098	Outpatient Sugery			53671	69999
099	Medical Screen-Hc	075	075		
100	Ambulance-ILS	077	077		
101	Dx Nuclear Med. Blended			78000	78999
102	Ground Ambulance-ALS	076	076		
103	Supplies-Ambulance	541	541		

Cost Center	Description	Revenue From	Revenue To	Procedure From	Procedure To
104	Medical Transport Non-Emerg	542	542		
105	Heart Mobile	543	543		
106	Oxygen-Ambulance	544	544		
107	Ambulance- Pharmacy	547	547		
108	Ambulance-Telephonic	548	548		
109	Anesthesia-CRNA	964	964		
110	Individual Counseling By Cde			0914C	0914C
111	Group Counseling			0915C	0915C
112	Lock-In CM Fee			LCASE	LCASE
113	Healthy Connections-Cm			HCASE	HCASE
114	Ambulance-Respond & Eval	549	549		
115	Ambulance Treat And Release-BLS	078	078		
116	Ambulance Treat And Release-ILS	079	079		
117	Ambulance Treat And Release-ALS	080	080		
118	Incremental Nurse Charge	230	234		
119	Ophthalmoscopy			99235	99235
120	Ophthalmoscopy			99250	99250
121	Other				

COUNTIES - CONTIGUOUS

Last Change Date: 06/27/97; Revised Into Table Format 04/20/05

Code	County Name	State	Region
50	Beaverhead	Montana	7
51	Lincoln	Montana	1
52	Madison	Montana	7
53	Miner	Montana	1
54	Missoula	Montana	2
55	Ravalli	Montana	2
56	Gallatin	Montana	7
57	Sanders	Montana	1
60	Elko	Nevada	5
61	Humboldt	Nevada	5
65	Baker	Oregon	3
66	Malheur	Oregon	3
67	Wallowa	Oregon	3
70	Box Elder	Utah	6
71	Cache	Utah	6
72	Rich	Utah	6
75	Asotin	Washington	2
76	Pend Oreille	Washington	1
77	Spokane	Washington	1
78	Whitman	Washington	2
80	Lincoln	Wyoming	6
81	Teton	Wyoming	7

COUNTY CODES

Last Change Date: 06/03/96;
Revised Into Table Format 04/20/05

Code	Description	Region Code
01	Ada	4
02	Adams	3
03	Bannock	6
04	Bear Lake	6
05	Benewah	1
06	Bingham	6
07	Blaine	5
08	Boise	4
09	Bonner	1
10	Bonneville	7
11	Boundary	1
12	Butte	7
13	Camas	5
14	Canyon	3
15	Caribou	6
16	Cassia	5
17	Clark	7
18	Clearwater	2
19	Custer	7
20	Elmore	4
21	Franklin	6
22	Fremont	7
23	Gem	3
24	Gooding	5
25	Idaho	2
26	Jefferson	7
27	Jerome	5
28	Kootenai	1
29	Latah	2
30	Lemhi	7
31	Lewis	2
32	Lincoln	5
33	Madison	7
34	Minidoka	5
35	Nez Perce	2
36	Oneida	6
37	Owyhee	3
38	Payette	3
39	Power	6
40	Shoshone	1

Code	Description	Region Code
41	Teton	7
42	Twin Falls	5
43	Valley	4
44	Washington	3
99	Out Of State	9

CPAS DOLLAR ERROR NATURE

Last Change Date: 06/03/96

Code	Description
1	Eligibility
2	Coverage
3	Payment
4	Reasonable Charge

CPAS ERROR TYPE

Last Change Date: 06/03/96; Revised Into Table Format 04/20/05

Code	Description
01	No evidence of claim submittal (no invoice)
02	Physician/provider signature omitted or questionable
03	Client signature omitted or questionable
04	Required Client identification missing or questionable
05	Required physician/provider identification missing or questionable
06	Referring physician identification missing or unclear
07	Prior authorization missing or unclear
08	Level of care certification missing or unclear
09	Date(s) of service missing or questionable
10	Diagnosis, procedure codes, and/or narrative description missing or questionable
11	Number of services missing or questionable
12	Drug type <u>not</u> specified or questionable
14	Dollar amount of claim missing, unclear, or questionable
15	Unauthorized force coding to bypass reasonable charge, fee schedule, or other edits
19	Other required information/documentation missing, incomplete, or unclear
20	State entered incorrect code to identify non-coded Client invoice data; e.g., Client identification, sex type
21	State entered incorrect code to identify non-coded provider invoice data; e.g., provider code
22	State entered incorrect code to describe non-coded service data; e.g., procedure code, drug type
23	State made keypunch error when transcribing coded data
29	Other coding/data entry error not identified above
30	Non permissible State practice - written claims processing policy or procedure not in conformance with the approved State plan
39	Other procedure errors not cited above
40	The provider was not certified as eligible
41	The Client was not certified as eligible
50	Service not covered under the permissible State practice
51	Service exceeded the frequency limitation
52	No required physician certification. Level of care certification requirements not met on service date(s)
53	No required prior authorization. The State agency has not met required prior authorization requirements
54	Claim processed although the filing deadline has expired
55	Additional EPSDT screening within prohibited time period
56	EPSDT screening services for a Client age 21 or older
57	Inpatient charge includes both day of admission and day of discharge
58	Setup charges allowed although surgery was canceled
69	Other coverage errors not specified above
70	Unable to verify that service was rendered
71	Duplicate payment authorized
72	Incorrect provider paid
73	Co-payment amount incorrectly applied
74	Mathematical error resulted in incorrect payment authorization amount
79	Other payment errors not specified above

Code	Description
80	Incorrect reimbursement rate applied
81	New patient code used although claims history shows previous patient charge by the same provider
82	Billed services improperly combined into service coverage package
83	Payment authorization for more than one dispensing fee when a prescription was split by the pharmacist
84	Payment authorized for drugs where the quantity prescribed is greater than
85	Payment authorized for maintenance drugs where the quantity prescribed is less than the minimum quantity allowed by permissible State practice
89	Other reasonable charge errors not specified above

CPAS NET ERROR TYPE

Last Change Date: 06/03/96

Revised Into Table Format 04/20/05

Code	Description
1	No Net Dollar Error
2	Total Dollar Error
3	Overpayment
4	Underpayment

CPAS PROCEDURAL ERROR NATURE

Last Change Date: 06/03/96

Revised Into Table Format 04/20/05

Code	Description
1	Documentation
2	Coding/Data Entry
3	Other Errors

CPAS PROCEDURAL ERROR TYPE

Last Change Date: 06/03/96

Revised Into Table Format 04/20/05

Code	Description
1	No Dollar Error
2	Total Dollar Error
3	Overpayment Error
4	Underpayment Error
5	Non-Developed Procedural Error

CPAS REVIEW DISPOSITION

Last Change Date: 06/03/96

Revised Into Table Format 04/20/05

Code	Description
1	Review is Completed
2	Listed in Error

CPAS REVIEW FINDINGS

Last Change Date: 06/27/97

Revised Into Table Format 04/20/05

Code	Description
1	Correct
2	Procedural Error
3	Procedural and Dollar Error

CPAS SERVICE TYPES

Last Change Date: 06/03/96; Revised Into Table Format 04/20/05

100 Series - Hospital Services	
101	Billing for Inpatient Hospital Services other than services for TB or Mental Diseases
200 Series - Long-Term Care Services	
201	Skilled nursing facility for individuals age 21 or older other than services in an institution for TB or Mental Diseases.
202	Inpatient hospital services for individuals age 65 or older in institutions for TB or mental diseases.
203	Skilled nursing facility for individuals age 65 or older in institutions for TB or mental diseases.
204	Intermediate care facility services for individuals age 65 or older in institutions for TB or mental diseases.
205	Intermediate care facility services other than in an institution for TB or mental diseases.
206	Inpatient psychiatric services for individuals under age 21.
207	Services in Christian Science sanatoriums.
208	Skilled nursing facility services for individuals under age 21.
209	Services furnished during the month admitted to a public institution or an institution for TB or mental diseases.
300 Series - Other Individual Practitioners, Clinics/Separate Services and Supplies	
301	Outpatient hospital service
302	Rural health clinic services.
303	Physicians' services.
304	Medical or other remedial care provided by license practitioners.
305	Clinic services.
306	EPSDT
307	Other laboratory and X-ray services.
308	Home health services.
309	Private duty nursing services.
310	Dentures, prosthetic devices, and eyeglasses.
311	Diagnostic Services.
312	Screening services.
313	Preventive services.
314	Rehabilitation services.
315	Transportation
316	Services of Christian Science nurses.
317	Personal care services in a client's home.
318	PT, OT, and other individual services.
319	Dental services.
320	Emergency hospital services.
321	Other care.
400 Series - Prescribed Drugs	
401	Separately billed prescribed Drugs



DEMOGRAPHIC INDICATOR

Last Change Date: 11/27/01

Code	Description
PDN	Private Duty Nursing (No longer a selection on the REDE screen)
CEF	Cost Effectiveness (No longer a selection on the REDE screen)
MEH	Mental Health (No longer a selection on the REDE screen)
CIA	Certain Ineligibles Aliens (No longer a selection on the REDE screen)
DVD	Developmentally Disabled (No longer a selection on the REDE screen)
MCR	Managed Care (No longer a selection on the REDE screen)
WAA	HCBS Waiver A - Elderly and Physically Disabled (No longer a selection on the REDE screen)
WAB	HCBS Waiver B - Developmentally Disabled (No longer a selection on the REDE screen)
WAC	Waiver - ISSH Clients (No longer a selection on the REDE screen)
TBI	Traumatic Brain Injury (No longer a selection on the REDE screen)
PCS	Personal Care Services (No longer a selection on the REDE screen)
Healthy Connection Exemptions	
HX1	Native American or Native Alaskan residing on a reservation (No longer a selection on the REDE screen)
HX2	Third Party incompatible with Healthy Connections (No longer a selection on the REDE screen)
HX3	Client resides more than 30 miles or 30 minutes from HC provider (No longer a selection on the REDE screen)
HX4	Client has per existing relationship with a non-participation PCP (No longer a selection on the REDE screen)
Case Management	
CPT	Pregnant Teens (No longer a selection on the REDE screen)
CMI	Mentally Ill (No longer a selection on the REDE screen)
CEP	EPSDT (No longer a selection on the REDE screen)
CPC	PCS(No longer a selection on the REDE screen)
AAD	Aged and disabled
ADD	Adult developmentally disabled
CDD	Child developmentally disabled
MHA	Adult mental health
MHC	Child mental health
TBA	Adult traumatic brain injury
TBC	Child traumatic brain injury

DENIAL CLOSURE REASON

CODE	DENIAL CLOSURE REASON
C01	DEATH OF A/R
C02	A/R LOSS OF RESIDENCY
C03	DOESN'T MEET CITIZENSHIP
C05	UNABLE TO LOCATE A/R - MOVED
C06	MOVED TO ANOTHER ASST./FS HH
C07	A/R WITHDREW/REQUESTED CLOSURE
C09	FAILURE TO RETURN MONTHLY RPT
C10	A/R IN INSTITUTION/ IS BOARDER
C10	A/R IN INSTITUTION/ IS BOARDER
C11	RESOURCES EXCEED PERMIT LIMITS
C12	CONDITIONAL ELIG ENDED/NOT MET
C13	NO DEPRIVATION
C14	A/R NOT LIVING W/ SPECIF REL
C15	A/R OVER MAXIMUM AGE
C16	NO A/R CHILDREN IN HOME
C17	EXPIR OF 8 MO ELIG FOR A/R
C18	NO ELIGIBLE PERSON IN HOUSHOLD
C19	LUMP SUM INELIGIBILITY
C20	INCOME EXCEEDS STANDARD
C21	CLOS EMERG MA FOR INELIG ALIEN
C22	INELIGIBLE NH AS INELIGIBLE ME
C23	CASE TRANS TO MA - LOSS 30 1/3
C24	INELIGIBLE PT. A MEDICARE
C25	CASE TRANS TO MA-INCR EARNINGS
C26	CASE TRANS TO MA-CHILD SUPPORT
C27	CASE TRANS TO MU-OVER 100 HRS
C28	MA-TE INCOME FAILURE
C29	MA-TE CARETAKER W/NO INCOME
C30	JOB QUIT W/ NO GOOD CAUSE
C31	FAIL COMPLY W/JOB SEARCH RQMT
C32	FAIL TO CONTIN SES EMPLOYMENT
C33	ESSENTIAL PERSON - CLOSURE
C34	FAIL TO REPORT TO SES EMPLOYER
C35	FAIL TO RESPOND TO SES REQUEST
C36	INCOME EXCEEDS NET INC LIMITS
C37	INCOME UNDER GROSS OVER NET
C38	INCOME EXCEEDS GROSS INC LIMIT
C39	HH INELIG DUE TO JOB QUIT
C40	HH INELIG REDUCE HRS/WONT WORK
C41	FAILURE TO COMPLY W/WORK PROG
C42	FAILURE TO REGISTER FOR WORK
C43	ALL HH MEMBER REFUSED JOBS-W/T
C44	ONLY CHILD REFUSED TO WORK/REG
C45	FAILURE TO PROVIDE SSN
C46	FAILURE TO COOPERATE WITH CSES
C47	FAILURE TO COOPERATE WITH VR

CODE	DENIAL CLOSURE REASON
C48	WORK DISQ.NOT EXPIRED
C49	IPV CAUSES HOUSEHOLD INELIG
C50	STRIKING RECIP CAUSE HH INELIG
C51	OTHER ADULT ON STRIKE
C52	NON- COOP W/ COST EFF. HL. INS.
053	EXTENDED MA TERMINATED
C54	A/R DOES'T MEET BLIND/DIS CRIT
C55	FAILURE TO PROVIDE INFORMATION
C56	FAILURE TO COMPLY W/REQUIRE
C57	FAILURE TO COMPLY W/WORKFARE
C58	RECIP OF ANOTHER TYPE OF ASS'T
C59	RECIP OF ANOTHER TYPE OF ASS'T
C60	MEDICAID COST NOT MET BY A/R
C61	CHANGE IN LAW OR REGULATIONS
C62	A/R IS AN INELIGIBLE STUDENT
C63	END 1-YR NEWBORN/MOM INELIG
C64	CANNOT BE CARED FOR SAFELY
C65	COURT ORDER EXPIRED
C66	TCC 12 MONTHS EXPIRES
C67	PCS NOT USED IN LAST 30 DAYS
C68	MED ALLOW DEEM CLOSURE
C69	UNDER/OVER POVERTY LEVEL
C71	H.H. FAILED TO COOP W/CSES
C74	VENDOR DOES NOT MEET LIC. REQ.
C75	PWE EMPLOYED MORE THAN 100 HRS
C77	RECVD AU 6 OF 12 - NOT VALID
C79	A/R NOT IN LICENSED HOME
C80	AU/MU TIME EXPIRE-NOT VALID
C82	EXCESS RESOURCES-W/IN COND'L
C83	INELIG DUE TO BIRTH OF CHILD
C84	NO PWE DESIGNATED
C85	INELIG. FOR GRANT TILL 6TH MTH
C86	REQUIRES TWO PARENTS IN HOME
C87	NO VALID AU CHILD
C88	CONCURRENT BENEFITS
C90	INELIG DUE TO PROPERTY TRANS
C91	FAILURE TO COMPLETE REDET
C92	NEITHER A/R OR SPOUSE DISABLED
C95	FAILURE TO COMPLY WITH QC
C96	UNIT COMPOSITION CLOSURE
C97	HCBS RECIP ELCTS INHOM HOSPICE
C98	FS NON-RECERT CLOSURE
C99	OTHER REASON FOR INELIG OF A/R
R01	DEATH OF A/R
R02	A/R LOSS OF RESIDENCY
R03	APPLICANT NOT CITIZEN
R04	RECEIVES BENEFITS -OTHER STATE
R05	UNABLE TO LOCATE A/R – MOVED
R06	MOVED TO ANOTHER ASST./FS HH
R07	A/R WITHDREW/REQUESTED CLOSURE
R08	APPLICANT FAILED TO FOLLOW UP
R09	APPROVAL FOR SLMB

CODE	DENIAL CLOSURE REASON
R10	A/R IN INSTITUTION/ IS BOARDER
R11	RESOURCES EXCEED PERMIT LIMITS
R12	CONDITIONAL ELIG ENDED/NOT MET
R13	LACK OF DEPRIVATION FOR A/R
R14 AF	A/R NOT LIVING W/ SPECIF REL
R15 AL	A/R DOESN'T MEET AGE CRITERIA
R16 AF	NO A/R CHILDREN IN HOME
R17 AF	EXPIR OF 8 MO ELIG FOR REFUGEE
R18 AL	NO ELIGIBLE PERSON IN HOUSHOLD
R19 AF	LUMP SUM INELIGIBILITY
R20 AL	INCOME EXCEEDS STANDARDS
R21 AL	DENY EMERG MA FOR INELIG ALIEN
R22 NH	INELIGIBLE NH AS INELIGIBLE ME
R23 PW	PWC INDIV. OVER INCOME MAXIMUM
R24 QM	INELIGIBLE PT. A MEDICARE
R09 SM	APPROVAL FOR SLMB
R10 AL	A/R IN INSTITUTION/ IS BOARDER
R11 AL	RESOURCES EXCEED PERMIT LIMITS
R12 AL	CONDITIONAL ELIG ENDED/NOT MET
R13 AF	LACK OF DEPRIVATION FOR A/R
R14 AF	A/R NOT LIVING W/ SPECIF REL
R15 AL	A/R DOESN'T MEET AGE CRITERIA
R16 AF	NO A/R CHILDREN IN HOME
R17 AF	EXPIR OF 8 MO ELIG FOR REFUGEE
R18 AL	NO ELIGIBLE PERSON IN HOUSHOLD
R19 AF	LUMP SUM INELIGIBILITY
R20 AL	INCOME EXCEEDS STANDARDS
R21 AL	DENY EMERG MA FOR INELIG ALIEN
R22 NH	INELIGIBLE NH AS INELIGIBLE ME
R23 PW	PWC INDIV. OVER INCOME MAXIMUM
R24 QM	INELIGIBLE PT. A MEDICARE
R46 AF	FAILURE TO COOPERATE WITH CSES
R47 AF	FAILURE TO COOPERATE WITH VR
R48 FS	WORK PROG DISQ NOT EXPIRED
R49 AL	IPV CAUSES HOUSEHOLD INELIG
R50 AL	STRIKING A/R CAUSES HH INELIG
R51 AF	OTHER ADULT ON STRIKE
R52 MA	NON-COOP W/ COST EFF. HL. INS.
R54 SS	A/R DOES'T MEET BLIND/DIS CRIT
R55 AL	FAILURE TO PROVIDE INFORMATION
R56 AL	FAILURE TO COMPLY W/REQUIRE
R58 AL	RECEIPT OF OTHER TYPE OF ASST.
R59 SS	LEVEL OF CARE NOT MET BY A/R
R60 SS	MEDICAID COST NOT MET BY A/R
R62 FS	A/R IS AN INELIGIBLE STUDENT
R64 ME	CANNOT BE CARED FOR SAFELY
R65 AF	COURT ORDER EXPIRED
R66 AF	ADC/FC REQUIREMENTS NOT MET
R68 MA	MED ALLOW DEEM REJECTION
R69 SM	UNDER/OVER POVERTY LEVEL
R71 TC	H.H. DISQ: FAIL TO COOP W/CSES
R72 TC	AF NOT REC. IN 3 OF 6 MOS.

CODE	DENIAL CLOSURE REASON
R73 TC	AF NOT CLOSED FOR RIGHT REASON
R74 TC	VENDOR DOES NOT MEET LIC. REQ.
R75 AU	UNEMPLOYED CRITERIA NOT MET
R76 AU	PWE DOES NOT HAVE WORK RECORD
R77 AU	RECEIVED AU 6/12-NOT VALID
R79 AF	A/R NOT IN LICENSED HOME
R80 AU	REFUSED EMPLOYMENT/TRAINING
R81 AU	FAILED TO APPLY/DENIED UIB
R82 SS	CONDITIONAL ELIG/OVER RESOURCE
R83 AF	QP A/R INELIGIBLE DUE TO BIRTH
R84 AU	NO PWE DESIGNATED
R85 AF	APPL NOT 6 MOS PREG/NOT PREG
R86 AU	REQUIRES TWO PARENTS IN HOME
R87 AU	NO VALID AU CHILD
R88 AF	CONCURRENT BENEFITS
R90 AL	INELIG DUE TO PROPERTY TRANS
R92 AF	NEITHER A/R OR SPOUSE DISABLED
R95 ME	FSI ASSESSMENT/NO APPLICATION
R96 AL	UNIT COMPOSITION REJECTION
R97 AL	REJCT PEND PGM FOR NEW PGM REG
R98 SS	1 MONTH SPECIAL CARE NOT MET
R99 AL	THER REASON FOR INELIG OF A/R

DESI STATUS (Drug Rebate)

Last Change Date: 05/31/96;
Revised Into Table Format 04/21/05

Code	Description
0	NDC not on HCFA tape
2	Safe and Effective or non-desi
3	Desi/IRS drugs under review
4	LTE/IRS drug for some indications
5	LTE/IRS drug for all indications
6	Drug withdrawn from the market

DISPOSITIONED CLAIM STATUS

Last Change Date: 06/04/96;
Revision Into Table Format: 04/21/05

Code	Description
P	Pend
D	Deny
C	Generate a CCF
I	Ignore
T	Test

DOCUMENT SOURCE

Last Change Date: 06/04/96

Revised Into Table Format: 04/21/05

Code	Description
1	Electronic Claim Submission (ECS)
2	Paper
3	Point of Service (POS)
4	Encounters

DOSAGE FORM DESCRIPTION

Last Change Date: 05/31/96

Description - is the actual narrative carried in DOSAGE FORM DESC field.

Interpretation - is the completed definition for the values carried in this field.

A	Description	Interpretation
	Add. Syrin	Additive Syringe
B	Adh. Patch	Adhesive Patch, Medicated
	Aer Br. Act	Aerosol, Breath Activated
	Aer Powder	Aerosol, Powder (EA)
	Aer Refill	Aerosol Refill (ML)
	Aer Refill	Aerosol Refill (EA)
	Aer Refill	Aerosol Refill (GM)
	Aer w/Adap	Aerosol w/Adapter (ML)
	Aer w/Adap	Aerosol w/Adapter (EA)
	Aer w/Adap	Aerosol w/Adapter (GM)
	Aero Powd	Aerosol, Powder (GM)
	Aerosol	Aerosol (ML)
	Aerosol	Aerosol (GM)
	Aerosol	Aerosol (EA)
	Allergen	Allergen
	Ampul	Ampul (ML)
	Ampul	Ampul (EA)
	Ampul-Neb	Ampul for Nebulization (ML)
	Bandage	Bandage
	Bar	Bar
	Beads	Beads
C	Blood Set	Blood Administration Set
	Bottle	Bottle
	Box	Box
	Bulk	Bulk
	Cake	Cake
	Cap SR.12hr	Capsule, Sustained Release 12hr
	Cap SR.24hr	Capsule, Sustained Release 24hr
	Cap_Sa_Pel	Capsule, Sustained Release Pellets in
	Capsule	Capsule (hard, soft, etc.)
	Capsule EC	Capsule, Enteric Coated
	Capsule SA	Capsule, Sustained Action
	Capsule SA	Capsule, Degradable Controlled-Release
	Carton	Carton
	Cartridge	Cartridge (EA)

	Description	Interpretation
	Cartridge	Cartridge (ML)
	Cleanser	Cleanser (GM)
	Cleanser	Cleanser (ML)
	Combo. Pkg	Combination Package
	Cream (GM)	Cream (Grams)
	Cream (ML)	Cream (Milliliters)
	Cream / Appl	Cream with Applicator
	Crm / PF App	Cream with Pre-filled Applicator
	Crwl Syrin	Syringe, Cornwall
	Crystals	Crystals
D	Dent. Cone	Dental Cone
	Diaphragm	Diaphragm
	Dis Needle	Needle, Disposable
	Disk	Disk
	Disp Syrin	Disposable Syringe (ML)
	Disp Syrin	Disposable Syringe (EA)
	Disp Syrin	Syringe, Empty Disposable
	Douche	Douche
	Drop Recon	Drops, Reconstituted, Oral
	Drops	Drops
E	Drops Susp	Suspension, Drops (Final Dosage Form)(ML)
	Each	Each
	Elixir	Elixir
	Emulsion	Emulsion
	Enema	Enema (ML)
	Enema	Enema (EA)
	Expect.	Expectorant
F	Film	Film, Medicated
	FI Extract	Fluid Extract
	Flakes	Flakes
	Foam	Aerosol, Foam
	Foam	Foam (ML)
	Foam / Appl.	Aerosol, Foam with applicator
G	Froz. Piggy	IV Solution, Piggyback Premix Frozen (ML)
	Gas	Gas
	Gel	Gel (ML)
	Gel	Gel (GM)
	Gel / Appl.	Gel with Applicator
	Gel / PF App	Gel with Prefilled Applicator
	Gran. Eff.	Granules, Effervescent
	Granules	Granules; Powder-like, Non-effervescent
	Granules	Granules, Oral Tablet-like or Packets
	Gum	Gum
I	Gum (GM)	Gum (GM)
	Infus. Btl	Infusion Bottle (EA)
	Infus. Btl	Infusion Bottle (ML)
	Inhaler	Inhaler (ML)

	Description	Interpretation
	Inhaler	Inhaler (EA)
	Inhaler	Inhaler (GM)
	Inhalerkit	Inhaler Kit (EA)
	Insert	Insert
	IP Set	Intraperitoneal Admin. Sets-Paraphernalia
	IP Soln.	Intraperitoneal Solution
	Irrig Set	Irrigation Set
	Irrig Soln	Solution, Irrigating
	IUD	Intrauterine Device
	IV Access.	Intravenous Admixture Accessories
	IV Set	Intravenous Admin. Sets-Paraphernalia
	IV Soln.	Intravenous Solution
J	Jel	Jel (ML)
	Jel	Jel (GM)
	Jelly	Jelly
	Jelly / Appl	Jelly with Applicator
K	Kit	Kit
	Kit, Refill	Refill Kit (EA)
L	Leaves	Leaves (GM)
	Lense	Lense
	Liniment	Liniment
	Liq. Soap	Soap, Liquid
	Liquid	Liquid
	Lotion	Lotion (ML)
	Lotion	Lotion (GM)
	Lozenge	Lozenge
	Lubricant	Lubricant
	Lump	Lump
M	Med. Pad	Pads, Medicated (EA)
	Med. Soap	Soap, Medicated (EA)
	Med. Soap	Soap, Medicated (ML)
	Med. Soap	Soap, Medicated (GM)
	Med. Swab	Swab, Medicated
	Med. Tape	Tape, Medicated
	Miscell.	Miscellaneous
	Mist	Aerosol, Mist
N	Mouthwash	Mouthwash
	Needle	Needle, Reusable
O	Oil	Oil
	Oin / PF App	Ointment with Applicator
	Ointment	Ointment
	Ointment	Ointment (ML)
	Oral Conc.	Concentrate, Oral
	Oral Susp	Suspension, Oral (final dose form) (ML)
P	Package	Package
	Packet	Packet
	Paste	Paste

S

Description	Interpretation
Patch TDW	Patch, Transdermal weekly
Patch, TD12	Patch, Transdermal 72 hour
Patch, TD24	Patch, Transdermal 24 hour
Patch, TDB	Patch, Transdermal biweekly
Pellet	Pellet
Piggyback	Intravenous Solution, Piggyback (EA)
Piggyback	Intravenous Solution, Piggyback (ML)
Pill	Pill
Pipette	Pipette (EA)
Pipette	Pipette (ML)
Plast. Bag	Plastic Bag, Injection (EA)
Plast. Bag	Plastic Bag, Injection (ML)
Plaster	Plaster
Poultice	Poultice
Powder	Powder (GM)
Powder	Powder (EA)
Powder Effer	Powder Effervescent
Pudding	Pudding (EA)
Pudding	Pudding (GM)
Shampoo	Shampoo
Skin Test	Skin Test
Sol-Gel	Gel-Forming Solution
Soln Recon	Solution, Reconstituted, Oral
Solution	Solution
Solution	Solution, Oral
Solution (GM)	Solution (GM)
Spirit	Spirit
Sponge	Sponge
Spray	Spray (GM)
Spray	Spray, Non-aerosol (ML)
Spray / Pump	Aerosol, Spray w/Pump (ML)
Spray Rfi	Spray Refill (ML)
Sprinkle	Sprinkle Capsule
Stick	Stick
Strip	Strip
Supp. Rect	Suppository, Rectal
Supp. Vag	Suppository, Vaginal
Sus. 12H SR	Suspension, Sustained Release 12hr
Susp Recon	Reconstituted Suspension, Oral
Suspension	Suspension, Topical
Suture	Suture
Swab	Swab, Non-Medicated
Syringe	Syringe, Reusable
Syrup	Syrup
Tab Buc SA	Tablet, Buccal Sustained Action
Tab Buccal	Tablet, Buccal
Tab Chew	Tablet, Chewable

T

U

V

W

Description	Interpretation
Tab Disper	Tablet, Dispersible
Tab Part	Tablets, Particles / Crystals in
Tab Subl	Tablet, Sublingual
Tablet	Tablet (compressed, sugar coated caplets)
Tablet EC	Tablet, Enteric Coated
Tablet Hyp	Tablet, Hypodermic
Tablet SA	Tablet, Sustained Action
Tablet SA	Tablet, Osmotic Laser-Drilled Form
Tablet Sol	Tablet, Soluble
Tablet, Eff	Tablet, Effervescent
Tablet.SR.12HR	Tablet, Sustained Release, 12hr
Tablet.SR.24HR	
Tampon	Tampon
Tape	Tape
Tincture	Tincture
Tooth Powd.	Tooth Powder
Toothpaste	Toothpaste
Tray	Tray
Troche	Troche
Unit	Unit
Vial	Vial (SDV, MDV or Additive) (EA)
Vial	Vial (SDV, MDV or Additive) (ML)
Vial-Neb	Vial, Nebulizer
Wafer	Wafer
Whip	Whip

Drug Brand Generic Indicator

Last Change Date: 10/20/04

Code	Description
FB	FDB determined Brand NDC, Generic Indicator is 2 or Generic Indicator is 1, Generic Price Indicator is 2, and Innovator Indicator is 1
FG	FDB determined Generic NDC, All non FB combinations of the Generic Indicator, Generic Price Indicator, and Innovator Indicator
SB	State determined Brand NDC
SG	State determined Generic NDC

DRUG CATEGORY (Drug Rebate)

Last Change Date: 05/31/96

Revised Into Table Format 04/21/05

Code	Description
N	Non-Innovator multiple source
S	Single source
I	Innovator multiple source
blank	Unspecified

DRUG ENFORCEMENT ADMINISTRATION CODES

Last Change Date: 05/31/96;
Revised Into Table Format: 04/21/05

Code	Description
0	No Control
1	LSD, Heroin, Marijuana - Research only
2	Morphine, Meperidine, Amphetamines, etc. - Most abused
3	Aspirin/Codeine, etc. - Less abused
4	Valium, etc. - Potential abuse
5	Controlled sale by pharmacy only

Drug FDB Indicators

Last Change Date: 10/20/04

Indicator	Value	Description
Generic Indicator (GI)	1	Multi-Source
	2	Single Source
Generic Named Indicator (GNI)	0	Non-drug item, such as medical supplies
	1	Generic (Brand name equal to generic name)
	2	Brand (Brand name not equal to generic name)
	3	Alternative product (generic manufacturer, brand name not equal to name)
Generic Price Indicator (GPI)	0	Non-drug item, such as medical supplies
	1	Priced as a lower cost alternative
	2	Brand or upper range pricing
	3	Patented, cross-licensed, multi-sourced, not generically named, licensed drug
Innovator Indicator (INNOV)	0	Not the innovator
	1	Innovator

DUR ALERTS

Last Change Date: 02/28/2002

Revised Into Table Format: 04/21/05

Conflict Code	Description
DD	Drug - Drug Interaction
ER	Overuse Precaution (Early Refill)
HD	High Dose Alert
LD	Low Dose Alert
LR	Underuse Precaution
MC	Drug Disease Precaution
PA	Drug Age Precaution
TD	Therapeutic Duplication Precaution

DUR CONFLICT CODES

Replaced by DUR Reason for Service Codes, 05/05/03

DUR INTERVENTION CODES

Replaced by DUR Professional Service Codes, 05/05/03

DUR OUTCOME CODES

Replaced by DUR Result of Service Codes, 05/05/03

DUR PHARMACY INDICATOR

Last Change Date: 01/09/97

Revised Into Table Format: 04/21/05

Code	Description
0	No Value
1	Your Pharmacy
2	Not Used
3	Other Pharmacy

DUR PRESCRIBER INDICATORS

Last Change Date: 06/03/96

Revised Into Table Format: 04/21/05

Code	Description
0	No Value
1	Same Prescriber
2	Other Prescriber

DUR Professional Service Codes

Last Change Date: 05/05/03

(Replaces Dur Intervention Codes)

*Used in Idaho

CODE	DESCRIPTION
*ØØ	No intervention
AS	Patient assessment
CC	Dosing evaluation/determination
FE	Formulary enforcement
GP	Generic product selection
MA	Medication administration
*MØ	Prescriber consulted
MR	Medication review
PE	Patient education/instruction
PH	Patient medication history
PM	Patient monitoring
*PØ	Patient consulted
PT	Perform laboratory test
RØ	Pharmacist consulted other source
RT	Recommend laboratory test
SC	Self-care consultation
SW	Literature search/review
TC	Payer/processor consulted
TH	Therapeutic product interchange
00	Blank – not specified
M0	Prescriber consulted
P0	Patient consulted
*R0	Pharmacist consulted other source
*MR	Medication review

DUR Reason for Service Codes

Last Change Date: 05/05/03
 (replaces: DUR Conflict Codes)
 *Used in Idaho

CODE	DESCRIPTION
AD	Additional drug needed
AN	Prescription authentication
AR	Adverse drug reaction
AT	Additive toxicity
CD	Chronic disease management
CH	Call Help Desk
CS	Patient complaint/symptom
DA	Drug-allergy
*DC	Drug-disease (inferred)
*DD	Drug-drug interaction
DF	Drug-food interaction
DI	Drug incompatibility
DL	Drug-lab conflict
DM	Apparent drug misuse
DS	Tobacco use
ED	Patient education/instruction
*ER	Overuse
EX	Excessive quantity
*HD	High dose
IC	Iatrogenic condition
ID	Ingredient duplication
*LD	Low dose
LK	Lock in recipient
*LR	Underuse
*MC	Drug-disease (reported)
*MN	Insufficient duration
MS	Missing information/clarification
*MX	Excessive duration
NA	Drug not available
NC	Non-covered drug purchase
ND	New disease/diagnosis
NF	Non-formulary drug
NN	Unnecessary drug

CODE	DESCRIPTION
NP	New patient processing
NR	Lactation/nursing interaction
NS	Insufficient quantity
OH	Alcohol conflict
*PA	Drug-age
PC	Patient question/concern
*PG	Drug-pregnancy
PH	Preventive health care
PN	Prescriber consultation
PP	Plan protocol
PR	Prior adverse reaction
PS	Product selection opportunity
RE	Suspected environmental risk
RF	Health provider referral
SC	Suboptimal compliance
SD	Suboptimal drug/indication
SE	Side effect
SF	Suboptimal dosage form
SR	Suboptimal regimen
SX	Drug-gender
*TD	Therapeutic
TN	Laboratory test needed
TP	Payer/processor question

DUR Result of Service Codes

Last change date: 05/05/03
(Replaces DUR Outcome Codes)

*Used in Idaho

CODE	DESCRIPTION
ØØ	Not specified
*1A	Filled as is, false positive
*1B	Filled prescription as is
*1C	Filled, with different dose
*1D	Filled, with different directions
*1E	Filled, with different drug
*1F	Filled, with different quantity
*1G	Filled, with prescriber approval
1H	Brand-to-generic change
1J	Rx-to-OTC change
1K	Filled with different dosage form
*2A	Prescription not filled
*2B	Not filled, directions clarified
3A	Recommendation accepted
3B	Recommendation not accepted
3C	Discontinued drug
3D	Regimen changed
3E	Therapy changed
3F	Therapy changed-cost increased acknowledged
3G	Drug therapy unchanged
3H	Follow-up/report
3J	Patient referral
3K	Instructions understood
3M	Compliance aid provided
3N	Medication administered

DUR SEVERITY CODES

Last Change Date: 06/03/96

Revised Into Table Format: 04/21/05

Code	Description
Blank	Not Specified
0	Off
1	Major
2	Moderate
3	Minor

E

Edit/Audit Table: Edits

Edits 001-099

Status	Code	Description
	001	Billing provider number missing/not on file
Test	002	Provider name/number mismatch
	003	Attending detail provider inactive
	004	Provider ineligible for header dates of service
	005	Provider ineligible for detail dates of service
	006	Billing provider inactive for detail dates of service
Inactive	007	Attending header provider missing, invalid, not on file
	008	Attending provider ineligible on detail dates of service
	009	Attending detail provider missing/invalid/not on file
	010	HC provider number must be on claim form in correct field
	011	Billing or referring provider must be the HC provider for D.O.S
Inactive	012	Attending header provider inactive
Inactive	013	Attending provider ineligible for header dates of service
	014	Attending provider not eligible member of group
	015	Provider cannot bill for Client's level of care for date(s) of service
Inactive	016	Header attending provider must be individual not a group
	017	Detail attending provider must be individual not a group
	018	Billing provider inactive
	019	Provider/procedure on review - Detail
	020	Provider/diagnosis on review - Header
	021	Provider/revenue code on review - Detail
	022	Provider must bill modifier 26 in this place of service
	023	Provider cannot bill this procedure in this place of service
	024	Provider/diagnosis on review - Detail
	025	Provider type invalid to claim type
	026	Provider review code only allows Crossover claims
	027	Provider on review / SUR
	028	Provider on review / Policy
	029	Referring provider number missing/invalid
	030	Provider not allowed to bill Clozaril care coordination
	031	Non unit-dose pharmacy billing nursing home client
	032	Provider/Diagnosis does not match Client's hospice file for D.O.S.
Test	033	Provider number to nursing home client mismatch for dates of service
	034	Prescribing provider license number missing/not on file

Status	Code	Description
	035	Provider reimbursement percentage missing
	036	Provider/procedure on review - Header
	037	Provider/NDC on review
Test	038	CLIA number not on provider file for revenue codes
Test	039	Provider not authorized by CLIA for lab codes
Test	040	CLIA number not on provider file for procedure code
	041	Provider cannot bill ECMS claims on date(s) of service
	042	EPSDT service coordination not authorized for provider
	043	Provider type not payable under the PWC Program
	044	Provider type pended for the PWC Program
	045	Unit dose pharmacy billing non-Nursing Home client
	046	Billing provider FEIN and SSN missing/not on file
	047	Provider not allowed to bill optometric procedure
OPEN	048-099	

Edits 100-199

Status	Code	Description
	100	Client Medicaid number missing/invalid/not on file
	101	Client name/number mismatch
OPEN	102	
	103	Client ineligible on date of service - Header
	104	Client ineligible on date of service - Detail
	105	Client is partially ineligible on date of service - Header
	106	Client is partially ineligible on date of service - Detail
	107	Client deceased on date of service - Header
	108	Client deceased before ending date of service - Detail
	109	Dates of service span client eligibility program split - Header
	110	Dates of service span client eligibility program split - Detail
	111	Client on Review
	112	Client is a Medicare suspect due to age
OPEN	113	
	114	Client ineligible for PWC children program
	115	Client status code missing/invalid - I,H,N
	116	Client ineligible for PWC program, age over 1 year
	117	PWC program applies to females only
	118	Dates billed span changes in PCP enrollment
	119	Client plan code not Healthy Connections
	120	Client is on regular lock-in for date of service - Header
	121	Client is on regular lock-in for date of service - Detail
	122	Client is a Medicare Part A buy-in suspect
Test	123	Client waived service not authorized
OPEN	124	
	125	Client is a Medicare Part B buy-in suspect
	126	Client not eligible for LTC for date(s) of service
OPEN	127-129	
	130	Client program code allows payment for crossover claims only
	131	Client is in Hospice program
OPEN	132	
	133	Client Lock-in (EMR) – Header
	134	Client Lock-in (EMR) – Detail
Inactive	135	Client enrolled in Child Health Insurance Program
	136	Header DOS can't span program splits for CHIP-B
	137	Provider type or provider specialty not covered for CHIP-B
OPEN	138-199	

Edits 200-399

Status	Code	Description
	200	Procedure/Revenue Code(s) not payable under the PWC Program
	201	NDC/age mismatch
	202	Procedure versus /quadrant/arch missing/invalid
	203	Multiple tooth numbers for same detail not allowed
	204	Procedure on review - Detail
	205	Abortion procedure pended for review - Header
	206	Abortion procedure pended for review - Detail
	207	Hysterectomy procedure pended for review - Header
	208	Hysterectomy procedure pended for review - Detail
	209	Sterilization procedure pended for review - Header
	210	Sterilization procedure pended for review - Detail
	211	Revenue code on review
	212	Service(s) is/are not provided or authorized by the Idaho Medicaid program
	213	Procedure versus tooth number missing/invalid
	214	Tooth surface is invalid or missing
	215	Procedure/HCPC code invalid to provider type
	216	Procedure to place of service mismatch - Detail
	217	Procedure to age mismatch - Header
	218	Procedure to age mismatch - Detail
	219	Sterilization procedure for client under 21 - Header
	220	Sterilization procedure for client under 21 - Detail
	221	Procedure/sex mismatch - Header
	222	Procedure to sex mismatch
	223	Procedure/HCPC code invalid for date of service
	224	Revenue code 360 requires a Non-ASC procedure
	225	Revenue code rate invalid for date(s) of service
	226	Revenue code missing/invalid
	227	Procedure/HCPC code missing/invalid
	228	NDC missing/invalid/not on file
	229	Primary ICD-9 procedure not on file
	230	Second ICD-9 procedure not on file
	231	Third ICD-9 procedure not on file
	232	Procedure/Revenue Code(s) pended for PWC Program
	233	D & C procedure/diagnosis mismatch - Detail
	234	Procedure on oxygen review list
	235	Blood gas/saturation values missing/invalid

Status	Code	Description
	236	Modifier AH, U1 or MD required on this mental health procedure
	237	Procedure billed not allowed on bill type 831
	238	Individual PCS/HCBS procedures - tax/non-tax on same claim
OPEN	239-241	
	242	Procedure code suspect for Presumptive Eligibility
	243	Procedure/HCPC code/modifier/NDC requires manual pricing
OPEN	244	
	245	Revenue code requires CPT/HCPC procedure
	246	Procedure code/modifier invalid/not on file
	247	Fourth ICD-9 procedure invalid
OPEN	248-249	
	250	Multiple observation to labor room revenue codes
	251	Diagnosis suspect for Presumptive Eligibility
	252	Per diem rate not on file - H Only
OPEN	253	
	254	Modifier 26 required procedure in this POS
	255	No Level I price on file for date of service
	256	No Level III price on file for date of service
	257	No NDC price on file for date of service
	258	No ASC price on the ASC file
	259	Claim type suspect for Presumptive Eligibility
	260	Procedure to provider specialty mismatch - Detail
OPEN	261-263	
	264	Procedure/diagnosis mismatch (Albinism)
	265	Procedure/diagnosis mismatch (Sterilizations)
	266	Procedure/diagnosis mismatch (Abortions)
	267	Procedure/diagnosis mismatch (Ectopic Pregnancy)
	268	Procedure/modifier to diagnosis mismatch (Preventive Medicine)
	269	DME/medical supplies to place of service validity
	270	Physical therapy/Chiropractic codes to place of service validity
OPEN	271	
Inactive	272	Procedure 99080 not allowed - refer to DHW report codes
	273	Private/Isolation room paid per physician order only
OPEN	274-275	
	276	Procedure/diagnosis mismatch (E/M codes to V201, V202)
	277	Procedure/diagnosis mismatch (E/M codes to V720)
	278	System auto deny according to revenue table criteria

Status	Code	Description
	279	Service included in the content of care
Test	280	Variance
Inactive	281	Transportation procedure not allowed – Agency vs Independent
	282	Procedure 84030 paid to DHW lab contractor
	283	Pain management paid under CPT injection codes only
OPEN	284	
	285	Procedure/diagnosis mismatch (Newborn codes to V300)
OPEN	286	
	287	Procedure/diagnosis mismatch (TCM to Psyche)
Inactive	288	Procedure/diagnosis mismatch (84443)
Inactive	289	Procedure/diagnosis mismatch (63048)
Inactive	290	Procedure/diagnosis mismatch (TMJ)
	291	Procedure/diagnosis mismatch (J1561 – Immune Globulin)
Inactive	292	Procedure/diagnosis mismatch (37205-37208 to 440.2)
	293	Procedure/diagnosis mismatch (L8603 to 599.82 and/or 788.37)
OPEN	294-295	
	296	Mobile X-ray provider must bill with TC modifier
OPEN	297	
	298	Revenue/procedure code mismatch
OPEN	299	
	300	Local procedure codes not allowed as of 10/20/2003
	301	Transplant services are not covered for CHIP-B clients.
	302	Transplant services are not covered for CHIP-B clients.
OPEN	303-399	

Edits 400-499

Status	Code	Description
Inactive	400	Primary diagnoses V3000 range require secondary diagnosis reflecting newborn birthweight
	401	Admit diagnosis missing/not on file/invalid dates
	402	Primary or admit diagnosis not on the length of stay file
	403	Primary diagnosis missing/not on file/invalid date
OPEN	404	
	405	Admit diagnosis cannot be E-code
	406	Secondary diagnosis is not on file/invalid dates
	407	Third diagnosis not on file/invalid dates
	408	Admit diagnosis/age mismatch
	409	Secondary diagnosis/age mismatch
	410	Third diagnosis/age mismatch
	411	Admit diagnosis/sex mismatch
	412	Secondary diagnosis/sex mismatch
	413	Third diagnosis/sex mismatch
	414	Diagnosis on review
	415	Diagnosis on review – Policy
	416	Diagnosis on review
	417	Diagnosis on review – Policy
	418	Diagnosis not on file/invalid dates
	419	Diagnosis/age invalid
	420	Diagnosis/sex invalid
	421	Primary diagnosis cannot be E-codes
	422	Primary diagnosis/age mismatch
	423	Primary diagnosis/sex mismatch
Inactive	424	No valid age or birth weight criteria on the LOS file for diagnosis
	425	Diagnosis code not covered for inpatient place of service for CHIP-B clients.
	426	Diagnosis code not covered for inpatient place of service for CHIP-B clients.
OPEN	427-499	

Edits 500-599

Status	Code	Description
	500	From Date of Service Missing/invalid
	501	Dispense date or from date of service missing/invalid
	502	Admit date missing/invalid
	503	To date of service missing/invalid
	504	Medicare paid date missing
	505	Invalid Medicare paid date
	506	Primary surgical date missing/illogical
	507	Second surgical date missing/illogical
	508	Third surgical date missing/illogical
	509	Discharge date of service missing/invalid to patient status
	510	Claim is past 1 year filing limit
	511	Header dates of service do not match detail dates of service
Inactive	512	Header dates of service cannot span more than 1 calendar year
	513	Detail dates of service cannot span Saturday to Sunday
	514	Detail dates of service cannot span more than 1 month
	515	To date of service missing/invalid
	516	Claim past 1 year filing limit
	517	Total days stay invalid for dates of service/client status
	518	From and to dates of service do not equal units billed
	519	Leave days not equal to from and to dates of service
	520	Service dates are invalid for the occurrence span dates
	521	Adjusted service date(s) change over 1 year billing limitation
	522	Adjusted service date(s) change over 1 year billing limitation
	523	From and to dates of service do not equal units billed
OPEN	524-599	

Edits 600-699

Status	Code	Description
	600	Compound drug over \$20.00
	601	Drug Pricing Action Code = Deny
	602	Dispensing fee missing or invalid
	603	Invalid refill indicator/no refill allowed
	604	NDC on review
	605	Drug PAC R – Review
	606	PAC N – Medical supply NDC
Inactive	607	Claim requires MAC H for this NDC
	608	Prescription number missing
	609	Drug quantity/units missing/invalid
	610	Maximum/minimum quantity
	611	Days supply missing/invalid/exceeds 34 days
	612	MAC price override for brand certified drug
	613	Drug not allowed for nursing home client
	614	Minimum of 2 compound ingredients required
OPEN	615-623	
	624	DUR Alert – Overuse Precaution (Early Refill)
	625	One or more ingredients of compound non-covered
	626	NDC compound ingredient on review
	627	Compound ingredient NDC exceeds minimum/maximum on file
	628	NDC required when billing this procedure code
	629	Missing/Invalid Unit of Measure/Qty for NDC billed
OPEN	630-699	

Edits 700-799

Status	Code	Description
	700	Medicare paid amount greater than total billed
	701	Medicare paid amount invalid
	702	Other insurance greater than total billed
	703	TPR suspect – source of admit code
	704	Client has other insurance on date of service
	705	TPR injury suspect
	706	TPR injury suspect
	707	Header other insurance amt less than TPR detail amounts
OPEN	708-710	
	711	TPR injury suspect – No supporting documentation
	712	TPR injury suspect – No supporting documentation
OPEN	713-799	

Edits 800-899

Status	Code	Description
	800	Inpatient claim header requires PA – PA not found
	801	Inpatient claim detail requires PA – PA not found
	802	Outpatient claim header requires PA – PA not found
	803	Outpatient claim detail requires PA – PA not found
	804	Dental claim detail requires PA – PA not found
	805	HCFA claim header requires PA – PA not found
	806	HCFA claim detail requires PA – PA not found
	807	Drug claim detail requires PA – PA not found
Inactive	808	Out of State Inpatient services require PA – PA not found
Inactive	809	Out of State Outpatient services require PA – PA not found
	810	CIA Inpatient services require PA – PA not found
	811	CIA Pharmacy services requires PA – PA not found
	812	CIA Dental services requires PA – PA not found
	813	CIA Outpatient/Professional services require PA – PA not found
Inactive	814	Out of State Dental services require PA – PA not found
Inactive	815	Out of State Professional services require PA – PA not found
	816	Hospitalization exceeds length of stay criteria – requires PA
	817	Requires prior authorization – PA not found
	818	Prior authorization number on the claim is exhausted on PA file.
	819	Prior authorization number on the claim is exhausted on PA file.
	820	Prior authorization number on the claim is cancelled on the PA file.
	821	Prior authorization on the claim is cancelled on the PA file.
	822	Prior authorization number on the claim is denied on the PA file.
	823	Prior authorization number on the claim is denied on the PA file.
	824	Prior authorization number on the claim is in an undetermined status.
	825	Prior authorization number on the claim is in an undetermined status.
Test	826	ADD professional services require PA – PA not found.
OPEN	827-874	
	875	This provider specialty requires a prior authorization number on the claim.
	876	This provider specialty requires a prior authorization number on the claim.
OPEN	877-889	
	890	PA # submitted at header is invalid or not on file
	891	PA # submitted at detail is invalid or not on file
OPEN	892-899	

Edits 900-999

Status	Code	Description
	900	Quantity/units missing/invalid
	901	Manual price greater than detailed billed
	902	No conversion factor amount for date(s) of service
OPEN	903	
	904	Total charges missing/invalid
	905	Admit code missing/invalid
	906	Source of admit required with admit type 1, 2, or 3
	907	Invalid source of admit code
	908	Invalid admit hour
	909	Invalid discharge hour
	910	Place of service code missing/invalid
	911	Bill type is missing/invalid
	912	Bill type 831 requires revenue code 490
	913	Part A NH Xover pending for State's Review
	914	Invalid revenue code for type of bill
Inactive	915	Invalid Pricing Action Code on pricing file
	916	Fiscal year indicator
OPEN	917	
	918	Room revenue code/accommodation rate/invalid/not on file
OPEN	919	
	920	Accommodation rate times days does not equal detail billed
	921	From and To dates of service must be within same month
OPEN	922-925	
	926	Claim corrections not allowed on electronic adjustment requests
OPEN	927-928	
	929	Units billed do not meet minimum/maximum requirement
	930	SER code invalid for claim type
	931	Occurrence span code must be XO for Home Health claims
	932	Maximum edit errors reached
	933	More than 1 patient liability record submitted
	934	Claim replacements or voids allowed on paid claims only
	935	Medicare allowed is equal to zero
OPEN	936-999	

Edit/Audit Table: Audits

Duplicate Audits

Status	Code	Description
	A01	Exact duplicates
	A02	Suspect duplicates

Limitation Audits: A19-A99

Status	Code	Description
OPEN	A03-A18	
	A19	Adult Residential Care (0661P) limited to once per day
	A20	A5119 limited to 3 per month
	A21	A7045 is limited to 1 every 3 months
	A22	A4605 limited to 10 per month
	A23	Code 0090A or S0215 Limited to 400 Miles Per Day
	A24	E0550 purchase allowed once every 5 years
	A25	Overuse precaution (Early Refill) – Paper and Batch
	A26	K0627 limited to 1 every 5 calendar years.
	A27	Parental Feeding Kits limited to 31 per month
	A28	99450 or 99080 limited to 2 per calendar year
	A29	E0300 limited to 1 every 5 years
	A30	E0301 limited to 1 every 5 years
	A31	E0302 limited to 1 every 5 years
	A32	Drug delivery systems limited to 120 per month
Inactive	A33	A4306 limited to 120 per month
	A34	Ostomy pouches limited to 60 per month
	A35	Procedure code B9998 limited to 2 per calendar month
Inactive	A36	Procedure code B4086 limited to 2 per calendar month
	A37	Protective underpads limited to 2 per month
	A38	Reusable diaper/brief limited to 2 per month
	A39	Procedure code A4510 limited to 2 per calendar month
	A40	Procedure code A4500 limited to 2 per calendar month
	A41	Procedure code A4495 limited to 2 per calendar month
	A42	Procedure code A4490 limited to 2 per calendar month
	A43	Procedure code A4535 limited to 240 per calendar month
	A44	Procedure code E0245 limited to 2 every 5 years
	A45	A7038 Disposable filter limited to 2 per calendar month

Status	Code	Description
	A46	Only 32 Coordinated Care units allowed per calendar year
	A47	Only 48 Coordinated Care units allowed per calendar year
	A48	Procedure code E0162 limited to 1 every 5 rolling years
	A49	Procedure code E0161 limited to 1 every 5 rolling years
	A50	Monthly ESRD related services limited to 1/month
	A51	Procedures 90935 & 90937 limited to 3 per 7 days
	A52	Multiple surgeries same day require review
	A53	Procedure S4993 limited to 3 units per 74 days
	A54	New DME and medical supplies greater than \$100.00/month per client
	A55	Leave days to home in excess of 36/year (ICFMR) - N
	A56	Leave days to home in excess of 15/year - N
	A57	Glucose Monitor limited to 1 every 5 years
	A58	Only one dispensing fee allowed for maintenance drugs every 25 days
	A59	Dental extraction same tooth performed once in a lifetime
	A60	Complete upper dentures allowed once every 5 years
	A61	Complete lower dentures allowed once every 5 years
	A62	Partial upper dentures allowed once every 5 years
	A63	Partial lower dentures allowed once every 5 years
	A64	Full mouth X-rays allowed every 3 years
	A65	Only 15 periodontal X-rays per year
	A66	One Clozapine (Clozaril) care coordination per calendar week
	A67	Only 2 chiropractic manipulations per calendar month – 2/1/97 to 6/30/01
end date	A68	Child briefs limited to 240/month – END DATED as of 12-31-97
	A69	On-going care allowed once per calendar month
	A70	100 home health visit allowed per calendar year
	A71	Physical therapy limited to 25 visits from 07/1/2000 – 12/31/2000
	A72	Psyche eval/diagnostic services limited to 12 hours/year
	A73	Group/Ind. Therapy limited to 45 hours/year
	A74	Speech/hearing therapy limited to 250 session/year
	A75	Partial care limited to 36 hours as of DOS 5/1/2005
	A76	Dev/occupational therapy limited to 30 hours/week
	A77	Physical therapy limited to 25 visits per calendar year starting on 1/1/2001
	A78	Hospice allowed only 5 respite days per calendar month
	A79	Client has exceeded 6 emergency room visits per calendar year
	A80	Only 2 family social service visits during pregnancy
	A81	Only 2 nutritional visits during pregnancy
	A82	Only 2 nursing visits during pregnancy

Status	Code	Description
	A83	Maximum of 9 maternity nursing visits during pregnancy
	A84	Only 1 care plan per covered maternity period
	A85	Only 1 Presumptive Eligibility determination per pregnancy
	A86	Norplant limited to 1 every 5 years
	A87	Only one OB delivery in a seven month period
	A88	Only 1 E&M visit per day without justification
	A89	2 Tonometry exams per year or 1 eye exam and 1 tonometry
	A90	Only 1 eye exam allowed per year
	A91	Only 1 eyeglass frame every 4 years for over age 21
	A92	Hearing aid batteries limited to 3 pkg/3 months (1 pkg = 4 batteries)
	A93	Only 1 dispensing fee for eyeglasses per rolling year
	A94	Procedure may be performed once in a lifetime
	A95	Only 1 periodic dental exam allowed every 6 months
	A96	Only 1 dental prophylaxis allowed every 6 months
	A97	Only 1 fluoride application allowed every 6 months
	A98	Only 8 bitewing X-rays allowed every 6 months
Inactive	A99	Only 1 single film X-ray allowed every 6 months

Limitation Audits: **A19-A99**

Status	Code	Description
OPEN	A03-A18	
	A19	Adult Residential Care (0661 P) limited to once per day
	A20	A5119 limited to 3 per month

Limitation Audits: B01-B99

Status	Code	Description
	B01	Only 1 comprehensive oral exam allowed every 12 months
	B02	Only 1 full mouth perioscaling allowed every 12 months
	B03	Only 1 quadrant perioscaling allowed every 12 months
Inactive	B04	Only 1 gingival/root planing allowed every 12 months
Inactive	B05	Only 1 amalgam restoration same tooth/surface every 2 years
Inactive	B06	Only 1 composite restoration same tooth/surface every 2 years
Inactive	B07	Review multiple amalgam restorations same tooth/same day
Inactive	B08	Review multiple composite restorations same tooth/same day
Inactive	B09	Only 1 crown restoration allowed per tooth
	B10	Only 1 orthodontic adjustment fee/month
	B11	Multiple emergency room visits same day require justification
Inactive	B12	Linde walker rental limited to 1/month
	B13	Only 1 pre-natal lab procedure allowed in a 9 month period
	B14	Only 1 pair eyeglasses per year except replacements
	B15	Only 1 pair eyeglass frames per year (under age 21) except replacements
	B16	Only 1 family planning visit per calendar year
	B17	Only 3 hearing exams for hearing aids per lifetime
	B18	Only 2 hearing aid checks per lifetime
end date	B19	Adult briefs/underpads limited to 180/month – END DATED as of 12-31-97
Inactive	B20	Only intermediate admit allowed when prior comprehensive admit billed in 6 months
	B21	Only 1 periodontal maintenance allowed in a 3 month period
	B22	Only 1 wheelchair purchase allowed every 5 years
	B23	Only 1 oversight visit/day for Agency or Individual provider
	B24	Panoramic survey allowed once / rolling 3- yr period
	B25	Procedure code 0515P or G9002 limited to 32 units/month
	B26	Procedure code 8252A or G9001 limited to 1/month
	B27	Procedure code 8259A or G9002 limited to 1/month
	B28	Procedure code 9361P G9001 limited to 1/month
	B29	Procedure code 9362P or G9002 limited to 1/month
	B30	Only 3 Indian Health encounters per day
	B31	Only 1 Rural Health/FQHC encounter per day without justification
	B32	Daily Respite for indep/agency codes limited 1/day
Inactive	B33	Procedures 0574B, 0581B, 0582B, 0583B, and 0584B limited to 191 hours/calendar month
	B34	Procedure code 0909B limited to 25 units/day
Inactive	B35	Procedure code 5003S limited to 20 hours per week

Status	Code	Description
Inactive	B36	Procedure code 5005S limited to 20 hours per week
	B37	Procedure code 0225B limited to 96 units per calendar month
	B38	Procedure code 5003H or H2017 limited to 20 Hours/week
	B39	Procedure code 5005H or H2014 limited to 20 Hours/week
	B40	Procedure code 76092 or 76083 limited to 1 per year over age 40
Inactive	B41	Cystoscopy Procedure codes are limited to 1 per day
	B42	Procedure code 93268 limited to 1/30 day period
	B43	Rentals are limited to maximum of 10 rolling months
	B44	Only 2 Established patient visits for routine O.B. care
	B45	Anesthesia Services limited to once/day without justification
	B46	No more than 3 consecutive LOA days allowed
	B47	Only 2 E & M codes allowed with diagnosis 110.1 per calendar year
	B48	Only 2 E & M codes allowed with diagnosis 110.4 per 60 days
	B49	Debridement of nails allowed once every 60 days
	B50	Code 0090A or S0215 is limited to 20 miles per day
	B51	Code 0095A or S0215 is limited to 20 miles per day
	B52	Only 1 influenza shot per year
	B53	Only 1 nurse oversight (PDN) per day
	B54	Only 2 nutritional visits allowed per year (under age 21)
	B55	Hourly respite care limited to 24 units per day
	B56	Supported Employment Services limited to 160 units/week
	B57	Only 1 PERS installation allowed per client residence
	B58	Only 1 PERS fee allowed per calendar month per client
	B59	No more than 62 home delivered meals payable per calendar month
	B60	Refitting earmolds/ hearing aids every 48 months over age 22
Inactive	B61	Adjustments included for 6 months following denture placement
	B62	Sealants allowed every 3 years for ages 0-21
	B63	Only 1 denture reline every 2 years after first reline
Inactive	B64	Only 1 non-tech care service allowed same day
	B65	Hearing aid purchase allowed once in a lifetime over age 22
	B66	Only 1 additional year of insurance allowed with hearing aid purchase
	B67	Only one new patient visit allowed every 3 years.
	B68	Hearing aid insurance payable once in a Lifetime over age 22
	B69	Only 1 nurse supervisory visit per calendar month
	B70	Only 1 nurse supervisory care evaluation every 11 months
	B71	Procedure 0902B limited to 27 units/month
	B72	Procedure 0900B limited to 27 units/month

Status	Code	Description
	B73	Maximum of 2 units for A0420 same day
	B74	Two admits not allowed same day
	B75	Only 1 new patient visit allowed per year
	B76	Procedure code 0324E limited to 1 every 5 years.
	B77	Procedure code 0325E limited to 1 every 5 years.
	B78	Procedure code 0331E/E1399 limited to 1 every 5 years.
	B79	Procedure code 0332E/E1399 limited to 1 every 5 years.
	B80	Procedure code 0333E/E1399 limited to 1 every 5 years.
	B81	Procedure code 0335E/E1399 limited to 1 every 5 years.
	B82	Procedure code 0336E/E1399 limited to 1 every 5 years.
	B83	Procedure code 0363E/E1399 limited to 1 every 5 years.
	B84	Procedure code 0364E/E1399 limited to 1 every 5 years.
	B85	Procedure code 0904E/E1399 limited to 1 every 5 years.
	B86	Procedure code 0366E/E1399 limited to 1 every 5 years.
	B87	Procedure code 0367E/E1399 limited to 1 every 5 years.
	B88	Procedure code 0382E/E1399 limited to 1 every 3 years.
	B89	Procedure code 0383E/E1399 limited to 1 every 3 years.
	B90	Procedure code 0384E/E1399 limited to 1 every 3 years.
	B91	Procedure code 0385E/E1399 limited to 1 every 3 years.
	B92	Procedure code 0132E/T2042 limited to 1 every 5 years.
	B93	Procedure code 0311E/E1399 limited to 1 every 3 years.
	B94	Procedure code 0312E/E1399 limited to 1 every 3 years.
	B95	Procedure code 0313E/E1399 limited to 1 every 5 years.
	B96	Procedure code 0314E/E1399 limited to 1 every 5 years.
	B97	Procedure code 0315E/E1399 limited to 1 every 5 years.
	B98	Procedure code 0316E/E1399 limited to 1 every 5 years.
	B99	Procedure code 0317E/E1399 limited to 1 every 5 years.

Limitation Audits: C01-C99

Status	Code	Description
	C01	Procedure code 0318E/E1399 limited to 1 every 5 years.
	C02	Procedure code 0319E/E1399 limited to 1 every 5 years.
	C03	Procedure code 0320E/E1399 limited to 1 every 5 years.
	C04	Procedure code 0321E/E1399 limited to 1 every 5 years.
	C05	Procedure code 0360E/E1399 limited to 1 every 3 years.
	C06	Procedure code 0361E/E1399 limited to 1 every 3 years.
	C07	Procedure code 0362E/E1399 limited to 1 every 3 years.
	C08	Briefs limited to 240 per month.
	C09	Underpads limited to 150 per month.
	C10	Individual Diabetes counseling limited to 12 hours per 5 years
	C11	Group Diabetes counseling limited to 24 hours per 5 years
	C12	Only 1 inpatient visit allowed per day.
Inactive	C13	Only 1 immunization administration fee allowed per day
	C14	Only 2 psychotherapy visits payable per day
	C15	Dialysis for ESRD is limited to 4 months
	C16	Pain management is limited to 5 times per 5 day period
	C17	This procedure is limited to once per day
	C18	This procedure is limited to once per day
Inactive	C19	Daily breast pump rental is limited to 14 days
Inactive	C20	Monthly breast pump rental is limited to 12 months
	C22	Procedure code D8670 is limited to 12 times per calendar year.
Inactive	C23	Crowns limited to 1 per tooth every 24-month period
	C24	8 Hrs adult MH case management per cal mo – Eff 04/28/03
	C25	Immunization administration fee (90471) limited to 1 per day
	C26	Fixed route city bus pass limited to once per calendar month
	C27	Bilirubin lights are limited to a 7-day rental period
	C28	DME Equipment/Supplies limited to 2 per month
Inactive	C29	Only one type of case management payable per month
	C30	Mental Health Assessment limited to 6 hrs per calendar year
	C31	Supplies for maintenance drug (A4221) limited to 1 time per calendar week
	C32	Occlusal adjustments are limited to 1 per rolling year.
	C33	Procedure 90993 limited to 25 per lifetime.
	C34	Procedure 59425 is limited to one time per 9 months.
	C35	Procedure 59426 is limited to one time per 9 months.
	C36	Only 1 anesthesia procedure for delivery allowed within a rolling 9-month period.
	C37	Adult Day Care is limited to 14 hours per day

Status	Code	Description
	C38	Only 24 chiropractic manipulations per calendar year
	C39	Only 2 units of A7503 allowed per month
	C40	Detailed oral evaluation limited to 1 per 12-month period
	C41	Procedure code 99091 is limited to 1 per 30-day period
Inactive	C42	Prescription in excess of four per calendar month must be approved by Medicaid
	C43	Procedure code J1055 limited to 1 every 75 days
	C44	Procedure code J1056 limited to 1 per rolling month
	C45	Procedure J7302 is limited to 1 every 5 rolling years
	C46	Procedure A4402 limited to 8 units per calendar month.
Inactive	C47	Procedure A4357 limited to 2 units per rolling month
	C48	Procedure E2100 limited to 1 unit per 5 rolling years
	C49	Procedure E2101 limited to 1 unit per 5 rolling years
	C50	Procedures S8100 & S8101 are limited to 1 unit per 6 rolling months.
	C51	Procedure E2000 limited to 1 every 3 rolling years
	C52	Procedure A4253 limited to 5 units per month
	C53	Procedure A4327 limited to 5 units per month
	C54	Urinary catheters limited to 5 per month
	C55	Breast pump rental limited to 2 months
	C56	Procedure A4254 limited to 1 per calendar month
	C57	Procedure A4255 limited to 1 per calendar month
	C58	Procedure A4256 limited to 1 per calendar month
	C59	Procedure A4334 limited to 1 per calendar month
	C60	Procedure A4357 limited to 2 per calendar month
	C61	Procedure A4367 limited to 1 per calendar month
	C62	Procedure A4619 limited to 1 per calendar month
	C63	Procedure A4621 limited to 1 per calendar month
	C64	Skin barriers limited to 4 per calendar month
	C65	Ostomy barriers w/flange limited to 20 per calendar month
	C66	Ostomy pouches limited to 20 per calendar month
	C67	Tape is limited to 40 units per calendar month
	C68	Additions to ostomy pouches limited to 20 calendar month
	C69	Incontinence appliance/supply limited to 1/month
	C70	Procedure A4356 limited to 1 unit every 3 months
	C71	Procedure A4258 limited to 1 unit every 6 months.
	C72	Procedure A4361 limited to 3 units every 6 months.
	C73	Enteral Feeding kits limited to 31 per month
	C74	Procedure A4328 limited to 31 units per month

Status	Code	Description
	C75	Tubing is limited to 3 units every 3 months
	C76	Male external catheters limited to 35 units per month
	C77	Procedure A4364 limited to 4 units per month
	C78	Procedure A4397 limited to 5 units per month
	C79	Procedure A4398 limited to 2 units every 6 months
	C80	Procedure A4399 limited to 2 units every 6 months
	C81	Procedure A4404 limited to 10 units per calendar month
	C82	Procedure A4348 limited to 2 units per calendar month
	C83	Procedure A4358 limited to 2 units per calendar month
	C84	Procedure A4595 limited to 2 units per calendar month
	C85	Procedure A4455 limited to 16 units per 6 months
	C86	Procedure A4365 limited to 20 units per calendar month
	C87	Clinic encounter visits limited to 2 per day
	C88	Dental encounter visits limited to 1 per day
	C89	Procedure 0226B or H2019 limited to 96 units/ calendar month
	C90	Procedure A6432 limited to 4 units every 3 months.
	C91	Procedure A6434 limited to 4 units every 3 months.
	C92	Procedure A6436 limited to 4 units every 3 months.
	C93	Procedure A6438 limited to 1 unit per month.
	C94	Procedure B4224 limited to 31 units per month.
	C95	Procedure D4210 limited to 1 per year
	C96	Procedure D0460 limited to 1 per day
	C97	Procedure V5266 limited to 4 per month
	C98	Procedure E0154 limited to 2 every 5 calendar years
	C99	Procedure code E0160 limited to 1 every 5 rolling years

Relationship Audits: D01-D99

Status	Code	Description
Inactive	D01	Procedure code 8196A not allowed unless 8195A is in history
Inactive	D02	Procedure code 0515P not allowed unless 0516P is in history
	D03	Allergy injections (single/multiple) cannot be billed same day
	D04	Allergy injections cannot be billed same day
	D05	E & M procedure and allergy injection not allowed same day without justification
	D06	Allergy injection not allowed same day as E&M procedure
	D07	Eye exam includes refraction
	D08	Refraction is included in eye exam
	D09	Eye exam includes tonometry
	D10	Tonometry is included in eye exam
Inactive	D11	Chemotherapy includes I.V. insertion
Inactive	D12	I.V. insertion is included in chemotherapy
	D13	Overlapping services - home health/hospice
	D14	Service dates for hospice claim overlap home health claim
	D15	Bite wing X-rays not allowed within 30 days of full mouth X-ray
	D16	Full mouth X-ray not allowed within 30 days of bitewing X-rays
	D17	Surgical procedure includes cast removal or reapplication.
	D18	Cast removal or reapplication included in the surgical procedure.
	D19	Procedure is included in FQHC encounter code
	D20	FQHC encounter code includes procedure
	D21	D1201 Includes D1120 and/or D1203 if billed within 6 months
	D22	D1120 and/or D1203 are included in D1201 if billed within 6 months
	D23	Root canals include pulpotomy within a 2 day period
	D24	Pulpotomy is included in root canals within a 2 day period
	D25	Routine newborn admit/discharge includes routine newborn care
	D26	Routine newborn care is not payable same day as routine newborn admit/discharge
	D27	Critical care includes this procedure
	D28	This procedure is included in Critical care
	D29	Oxygen delivery system includes oxygen supplies
	D30	Oxygen supplies are included in oxygen delivery system
	D31	Post-op care is included in surgical procedure
	D32	Surgical procedure includes Post-op care.
	D33	Care coordination is included in psychotropic/med management
	D34	Psychotropic/med management includes care coordination
	D35	Preventive medicine includes hearing and eye exams

Status	Code	Description
	D36	Hearing and eye exams are included in preventive medicine
	D37	Preventive medicine and counseling procedure codes not allowed same day
	D38	Counseling and preventive medicine procedure codes not allowed same day
	D39	Total OB care includes ante and post-partum care
	D40	Ante and post-partum care is included in total OB care
	D41	Physical medicine includes E&M codes billed same day.
	D42	E&M codes are included in physical medicine billed same day without justification
	D43	Comprehensive ER/E&M code already pd. Please submit adjust to recoup payment
	D44	Comprehensive admit already paid. Please submit w/ intermediate ER/E&M code
	D45	Insertion of IUD includes E&M codes
	D46	E&M codes are included in insertion of IUD
	D47	Major procedure includes dilation of esophagus
	D48	Dilation of esophagus is included in major procedure
	D49	Major procedure includes dilation of urethra
	D50	Dilation of Urethra is included in Major procedure
	D51	Major procedure includes dilation of vagina
	D52	Dilation of Vagina is included in Major procedure
	D53	Major procedure includes dilation of cervical canal
	D54	Dilation of Cervical canal is included in major procedure
Inactive	D55	Asterisk procedures include E&M codes unless justified
Inactive	D56	E&M codes included in asterisk procedures
	D57	Cast removal or repair includes E&M codes
	D58	E&M codes are included in cast removal or repair
Inactive	D59	Cast application included in surgical procedure
Inactive	D60	Surgical procedure includes cast application
	D61	Advanced life support includes baslife
	D62	Basic Life is included in advanced life support
	D63	Major procedure includes 58720
	D64	58720 is included in major procedure
	D65	Service dates for home Health claim overlap professional claim
	D66	Service dates for professional claim overlap home health claim
	D67	CBC panel includes component codes
	D68	Component codes included in CBC panel
	D69	E&M Codes not allowed when billing frames & lenses
	D70	Frames & lenses not allowed when billing E&M codes

Status	Code	Description
	D71	Component codes included in lab panel 80050
	D72	Lab panel 80050 includes component codes
	D73	Component codes included in lab panel 80055
	D74	Lab panel 80055 includes component codes
	D75	Component codes included in lab panel 80058
	D76	Lab panel 80058 includes component codes
	D77	Component codes included in lab panel 80059
	D78	Lab panel 80059 includes component codes
	D79	Component codes included in lab panel 80061
	D80	Lab panel 80061 includes component codes
	D81	Component codes included in lab panel 80072
	D82	Lab panel 80072 includes component codes
	D83	Component codes included in lab panel 80090
	D84	Lab panel 80090 includes component codes
	D85	Component codes included in lab panel 80091
	D86	Lab panel 80091 includes component codes
	D87	Component codes included in lab panel 80092
	D88	Lab panel 80092 includes component codes
	D89	Initial service coordination not payable same day as ongoing care.
	D90	Ongoing care not allowed same day as service coordination
Inactive	D91	Procedure codes 0571B/0572B not allowed same day
Inactive	D92	Procedure code 0572B not allowed same day as procedure 0571B
	D93	Procedure code 0681B not allowed same day as 0580B, 0581B, 0582B, 0583B, and 0584B
	D94	Procedures 0580B 0581B 0582B 0583B and 0584B not allowed same day as procedure 0681B.
	D95	Procedure code 0240B/T1005 not allowed same day as 0250B/S9125
	D96	Procedure code 0250B/S9125 not allowed same day as 0240B/T1005.
	D97	Procedure code 0140B/T1001 not allowed same days as 0150B/T1001
	D98	Procedure code 0150B/T1001 not allowed same days as 0140B/T1001.

Relationship Audits: E01-E99

Status	Code	Description
	E01	Procedure code 0714V not payable with 92340 or 92341
	E02	Procedures 92340 or 92341 not payable with procedure code 0714V.
Inactive	E03	Respite procedure codes 0240B and 0250B not allowed same day as Res/Hab.
Inactive	E04	Respite procedure codes 0240B and 0250B not allowed same day as Res/Hab.
	E05	Hourly Res/Hab not allowed same day as daily Res/Hab
	E06	Hourly Res/Hab procedures not allowed same day as daily Res/Hab.
Inactive	E07	PCS services not payable unless RN evaluation in history
OPEN	E08	
	E09	Procedure codes 19120-19240 include 19100-19101
	E10	Procedure codes 19100-19101 are included in 19120 through 19240.
	E11	Procedure code 36520 includes E&M codes
	E12	E&M codes are included in procedure code 36520.
	E13	Procedure code 93015 includes 93016, 93017, 93018
	E14	Procedures 93016 93017 93018 are included in 93015.
	E15	Procedure codes 92995 and 92996 include 92982 and 92984
	E16	Procedures 92982 and 92984 are included in 92995 and 92996.
	E17	These codes cannot be billed together, see Provider Handbook.
	E18	These codes cannot be billed together, see Provider Handbook.
	E19	Overlapping services - nursing home/home health
	E20	Service dates for home health claim overlap nursing home claim.
	E21	Overlapping services - nursing home versus inpatient/hospice
	E22	Service dates for inpatient or hospice claim overlap nursing home claim.
	E23	Overlapping services - outpatient/HCF 1500
	E24	Service dates for HCF 1500 claim overlap outpatient claim.
	E25	Overlapping services - outpatient/inpatient
	E26	Service dates for inpatient claim overlap outpatient claim.
	E27	Overlapping services - inpatient versus home health
	E28	Service dates for home health claim overlap inpatient claim.
	E29	Hearing aid purchase includes 2 years of repairs
	E30	2 Years repair included in hearing aid purchase
	E31	HCPC code A4550 includes code A4649
	E32	HCPC code A4649 includes code A4550
	E33	Rural health encounter code includes lab charges
	E34	Lab charges included in rural health encounter
	E37	D0150 not allowed same day as D0120

Status	Code	Description
	E38	D0120 not allowed same day as D0150
	E39	58565 includes 58555 or 58700 same day
	E40	58555 or 58700 included in 58565 same day
	E41	Psychiatric Diagnostic & Evaluation visit include the E&M visit.
	E42	E&M visit included in Psychiatric Diagnosis & Evaluation.
	E43	Hospital admission includes a Psychiatric Diagnostic Evaluation.
	E44	Psychiatric Diagnostic Evaluation included in hospital admission.
	E45	Dialysis includes an E&M visit.
	E46	E&M visit includes in dialysis services.
	E47	Procedure Code 90805 includes 90804
	E48	Procedure Code 90804 included 90805
	E49	Procedure Code 90807 includes 90806
	E50	Procedure Code 90806 included 90807
	E51	Procedure Code 90809 includes 90808
	E52	Procedure Code 90808 included 90809
	E53	Procedure Code 90811 includes 90810
	E54	Procedure Code 90810 included 90811
	E55	Procedure Code 90813 includes 90812
	E56	Procedure Code 90812 included 90813
	E57	Procedure Code 90815 includes 90814
	E58	Procedure Code 90814 included 90815
	E59	Procedure Code 90817 includes 90816
	E60	Procedure Code 90816 included 90817
	E61	Procedure Code 90819 includes 90818
	E62	Procedure Code 90818 included 90819
	E63	Procedure Code 90822 includes 90821
	E64	Procedure Code 90821 included 90822
	E65	Procedure Code 90824 includes 90823
	E66	Procedure Code 90823 included 90824
	E67	Procedure Code 90827 includes 90826
	E68	Procedure Code 90826 included 90827
	E69	Procedure Code 90829 includes 90828
	E70	Procedure Code 90828 included 90829
	E71	Procedure code 90471 not payable on same day as 90472
	E72	Procedure code 90472 not payable on same day as 90471
	E73	Panel code 80048 includes this component code.
	E74	This component code included in panel 80048.

Status	Code	Description
	E75	Panel code 80053 includes this component code.
	E76	This component code included in panel 80053.
	E77	Panel code 80069 includes this component code.
	E78	This component code included in panel 80069.
	E79	Panel code 80074 includes this component code.
	E80	This component code included in panel 80074.
	E81	Panel code 80076 includes this component code.
	E82	This component code included in panel 80076.
	E83	Denture placement includes adjustments for 6 months following placement.
	E84	Adjustments included for 6 months following denture placement.
	E85	Denture placement includes adjustments for 6 months following placement.
	E86	Adjustments included for 6 months following denture placement.
	E87	D9110 not allowed same day as D3310, D3320, & D3330.
	E88	D3310, D3320, & D3330 not allowed same day as D9110.
	E89	New patient visit not allowed when established patient visit has been paid in last 3 years.
	E90	IBI Consultation not allowed same day as Collateral Contact
	E91	Collateral Contact not allowed same day as IBI Consultation
	E92	Procedure code 76818 not allowed same day as 59025.
	E93	Procedure code 59025 not allowed same day as 76818.
	E94	Procedure code 90993 not allowed same day as 90989.
	E95	Procedure code 90989 not allowed same day as 90993.
	E96	Service dates for professional claim overlap professional crossover claim.
	E97	Service dates for professional crossover claim overlap professional claim.
	E98	Service dates for outpatient claim overlap institutional crossover Part B.
	E99	Service dates for institutional crossover Part B overlap outpatient claim.

Relationship Audits: F02-F99

Status	Code	Description
Reserved	F00	Do not use for audit: reserved as a Financial EOB
Reserved	F01	Do not use for audit: reserved as a Financial EOB
Inactive	F02	Feeding supply kits include tubing
Inactive	F03	Tubing is included in feeding supply kits
	F04	Encounter code includes procedure
	F05	Procedure is included in encounter code
	F06	D3221 not allowed same day as endodontic procedure
	F07	D3221 not allowed same day as endodontic procedure
	F08	Free vaccine administration includes 90472
	F09	90472 included in free vaccine administration
	F10	Procedure code 93580 includes 93501, 93529-93533, 93539 and 93555
	F11	Procedures 93501, 93529-93533, 93539 or 93555 are included in 93580
	F12	52351 not allowed same day as 52352
	F13	52352 not allowed same day as 52351
	F14	36819 includes 36818, 36820, 36821 & 36830
	F15	This procedure included in 36819
	F16	36818 includes 36819, 36820, 36821 & 36830
	F17	This procedure included in 36818
Open	F18-F99	

Relationship Audits: G01-G99

Status	Code	Description
	G01	Overlapping services - institutional versus professional
	G02	Service not allowed when client is in Hospital Nursing Home or Hospice.
Inactive	G03	ASC/assist procedure must match primary provider
Inactive	G04	ASC/assist procedure must match primary provider
Inactive	G05	PDN oversight visit & RN visit not allowed same day
Inactive	G06	PDN oversight visit & RN visit not allowed same day
	G07	Only 1 eye exam paid same day
	G08	Only 1 eye exam paid same day
	G09	This procedure is included in surgical procedure.
	G10	Surgical procedure includes this procedure.
	G11	Nursing Service/HH visit not allowed same day as PDN visit
	G12	Nursing Service/HH visit not allowed same day as PDN visit
	G13	Neonatal intensive care include this procedure
	G14	This procedure is included in neonatal intensive care.
	G15	Procedure 0280B/S5160 includes 0290B/S5161 if billed within same month
	G16	Procedure 0290B/S5161 is included in 0280B/S5160 if billed within same month.
	G17	Panel code 80051 includes the component codes.
	G18	Component codes included in panel code 80051.
	G19	ASC surgical procedure includes fee for intraocular lens
	G20	Fee for intraocular lens is included in ASC surgical procedure.
Inactive	G21	Major procedure includes sinus endoscopy
Inactive	G22	Sinus endoscopy is included in Major procedure.
	G23	Panel code 80054 includes the component codes.
Test	G24	Component codes included in panel code 80054.
	G25	Panel code 80400 includes component code 82533.
	G26	Component code 82533 included in panel code 80400.
	G27	Panel code 80402 includes codes 82533 & 83498.
	G28	Procedure codes 82533 & 83498 included in panel code 80402.
	G29	Panel code 80406 includes component code 82533.
	G30	Component code 82533 included in panel code 80406.
	G31	Panel code 80408 includes codes 82088 & 84244.
	G32	Component codes 82088 & 84244 included in panel code 80408.
	G33	Panel code 80410 includes component code 82308.
	G34	Component code 82308 included in panel code 80410.
	G35	Panel code 80412 includes component codes 82533 & 82024.
	G36	Component codes 82533 & 82024 included in panel code 80412.

Status	Code	Description
	G37	Panel code 80414 includes component code 84403.
	G38	Component code 84403 included in panel code 80414.
	G39	Panel code 80415 includes component code 82670.
	G40	Component code 82670 included in panel code 80415.
	G41	Panel code 80416 includes component code 84244.
	G42	Component code 84244 included in panel code 80416.
	G43	Panel code 80417 includes component code 84244
	G44	Component code 84244 included in panel code 80417.
	G45	Panel code 80418 includes the component codes.
	G46	Component codes included in panel code 80418.
	G47	Panel code 80420 includes the component codes.
	G48	Component codes included in panel code 80420.
	G49	Panel code 80422 includes component codes 82947 & 83525
	G50	Component codes 82947 & 83525 included in panel code 80422.
	G51	Evaluation & management includes the immunization administration fee.
	G52	Immunization administration included in evaluation & management.
	G55	Panel code 80428 includes component code 83003.
	G56	Component code 83003 included in panel code 80428.
	G59	Panel code 80432 includes the component codes.
	G60	Component codes included in panel code 80432.
	G63	Panel code 80435 includes component codes 82533 & 82947.
	G64	Component codes 82533 & 82947 included in panel code 80435.
	G65	Panel code 80436 includes component codes 82533 & 82364.
	G66	Component codes 82533 & 82364 included in panel code 80436.
	G69	Panel code 80440 includes component code 84146.
	G70	Component code 84146 included in panel code 80440.
	G71	Panel code 80049 includes the component codes.
	G72	Component codes included in panel code 80049
	G73	Panel code 80049 includes the component codes
OPEN	G74	
	G75	Osteopath manipulation includes E&M codes.
	G76	E&M codes included in osteopath manipulation.
	G77	Physical medicine includes modalities and/or treatment.
	G78	Modalities and/or treatment included in physical medicine.
	G79	Observation care includes E&M by same provider, same day
	G80	E&M not allowed same day as observation care by same provider
Inactive	G81	Daily breast pump rental not allowed same day as monthly rental.

Status	Code	Description
Inactive	G82	Monthly breast pump rental not allowed same day as daily rental
	G83	Observation care includes observation discharge, same day
	G84	Observation discharge included in observation care, same day
	G85	Admit includes observation discharge, same day
	G86	Observation discharge included in admit, same day
	G87	Procedures G0202 and 76092 are not allowed same day
	G88	Procedures G0202 and 76092 are not allowed same day
	G89	Procedures G0204 and 76091 are not allowed same day
	G90	Procedures G0204 and 76091 are not allowed same day
	G91	Procedures G0206 and 76090 are not allowed same day
	G92	Procedures G0206 and 76090 are not allowed same day
	G93	E&M visit includes procedure code 99091 same day
	G94	Procedures 99091is included in E&M visit same day

EFT ENROLLMENT STATUS

Last Change Date: 06/04/96;
Revised Into Table Format 04/21/05

Code	Description
0	Paper Check
1	Pre-Notification Period
2	Active EFT
3	Provider Canceled EFT
4	State Canceled EFT

EFT TYPE OF ACCOUNT

Last Change Date: 05/29/96

Revised Into Table Format 04/21/05

Code	Description
S	Savings Account
C	Checking Account

Electronic Claim Status Category Codes

Last Change Date: 01/19/04

<http://www.wpc-edi.com/codes/>

Code	Description
A0	Acknowledgement/Forwarded – The claim/encounter has been forwarded to another entity.
A1	Acknowledgement/Receipt – The claim/encounter has been received. This does not mean that the claim has been accepted for adjudication.
A2	Acknowledgement/Acceptance into adjudication system – The claim/encounter has been accepted into the adjudication system.
A3	Acknowledgement/Returned as unprocessable claim – The claim/encounter has been rejected and has not been entered into the adjudication system.
A4	Acknowledgement/Not Found - The claim/encounter can not be found in the adjudication system.
A5	Acknowledgement/Split Claim - The claim/encounter has been split upon acceptance into the adjudication system.
A6	Acknowledgement/Rejected for Missing Information – The claim/encounter is missing the information specified in the Status details and has been rejected.
A7	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.
P0	Pending – Adjudication/Details – This is a generic message about a pended claim. A pended claims is on for which no remittance advice has been issued, or only part of the claim has been paid.
P1	Pending/In process – The claim/encounter is in the adjudication system.
P2	Pending/In Review – The claim/encounter is suspended pending review.
P3	Pending/Requested Information – The claim or encounter is waiting for information that has already been requested.
P4	Pending/Patient Requested Information
F0	Finalized – The claim/encounter has completed the adjudication cycle and no more action will be taken.
F1	Finalized/Payment – The claim/line has been paid.
F2	Finalized/Denial – the claim/encounter is suspended pending review.
F3	Finalized/Revised – Adjudication information has been changed.
F3F	Finalized/Forwarded – The claim/encounter processing has been completed. Any applicable payment has been made and the claim/encounter has been forwarded t a

Code	Description
	subsequent entity as identified on the original claim or in this payer's records.
F3N	Finalized/Not Forwarded – The claim/encounter processing has been completed. Any applicable payment has been made. The claim/encounter has NOT been forwarded to any subsequent entity identified on the original claim.
F4	Finalized/Adjudication Complete – No payment forthcoming – The claim/encounter has been adjudicated and no further payment is forthcoming.
F5	Finalized/Cannot Process
R0	Requests for additional Information/General Requests – Requests that don't fall into other R-type categories.
R1	Requests for additional Information/Entity Requests – Request for information about specific entities (subscribers, patients, various providers).
R3	Requests for additional Information/Claim/Line – Requests for information that could normally be submitted on a claim.
R4	Requests for additional Information/Documentation – Requests for additional supporting documentation. Examples: Certification, x-rays, notes.
R5	Request for additional information/more specific detail – Additional information as follow up to a previous request is needed. The original information was received but is inadequate. More specific/detailed information is requested.
RQ	General Questions (Yes/No Responses) – Questions that may be answered by a simple "yes" or "no".
E0	Response not possible, - error on submitted request data
E1	Response not possible – System Status
E2	Information Holder is not responding; resubmit at a later time.
D0	Entity not found – change search criteria.

276/277 Transaction – Electronic Claim Status Codes

Last Change Date: 01/22/04

<http://www.wpc-edi.com/codes/>

Code	Description
0	Cannot provide further status electronically.
1	For more detailed information, see remittance advice.
2	More detailed information in letter.
3	Claim has been adjudicated and is awaiting payment cycle.
4	This is a subsequent request for information from the original request.
5	This is a final request for information.
6	Balance due from the subscriber.
7	Claim may be reconsidered at a future date.
8	No payment due to contract/plan provision. (Inactive, see code 107 for new verbiage).
9	No payment will be made for this claim.
10	All originally submitted procedure codes have been combined (Inactive, see code 12 for new verbiage.)
11	Some originally submitted procedure codes have been combined. (Inactive, see code 12 for new verbiage.)
12	One or more originally submitted procedure codes have been combined.
13	All originally submitted procedure codes have been modified. (Inactive, see code 15 for new verbiage).
14	Some all originally submitted procedure codes have been modified. (Inactive, see code 15 for new verbiage).
15	One or more originally submitted procedure codes have been modified.
16	Claim/encounter has been forwarded to entity.
17	Claim/encounter has been forwarded by third party entity to entity.
18	Entity received claim/encounter, but returned invalid status.
19	Entity acknowledges receipt of claim/encounter.
20	Accepted for processing.
21	Missing or invalid information.
22	Missing or invalid information before entering the adjudication system.
23	Returned to entity.
24	Entity not approved as an electronic submitter.
25	Entity not approved.
26	Entity not found.

Code	Description
27	Policy cancelled.
28	Claim submitted to wrong payer. (Inactive, see code 116 for new verbiage).
29	Subscriber and policy number/contract number mismatched.
30	Subscriber and subscriber id mismatched.
31	Subscriber and policyholder name mismatched.
32	Subscriber and policy number/contract number not found.
33	Subscriber and subscriber id not found.
34	Subscriber and policyholder name not found.
35	Claim/encounter not found.
37	Predetermination is on file, awaiting completion of services.
38	Awaiting next periodic adjudication cycle.
39	Charges for pregnancy deferred until delivery.
40	Waiting for final approval.
41	Special handling required at payer site.
42	Awaiting related charges.
44	Charges pending provider audit.
45	Awaiting benefit determination.
46	Internal review/audit.
47	Internal review/audit – partial payment made.
48	Referral/authorization.
49	Pending provider accreditation review.
50	Claim waiting for internal provider verification.
51	Investigating occupational illness/accident.
52	Investigating existence of other insurance coverage.
53	Claim being researched for Insured ID/Group Policy Number error.
54	Duplicate of a previously processed claim/line.
55	Claim assigned to an approver/analyst.
56	Awaiting eligibility determination.
57	Pending COBRA information requested.
59	Non-electronic request for information.
60	Electronic request for information.
61	Eligibility for extended benefits.
64	Re-pricing information.
65	Claim/line has been paid.
66	Payment reflects usual and customary charges.
67	Payment made in full.
68	Partial payment made for this claim.

Code	Description
69	Payments reflects plan provisions (Inactive, refer to code 107 for new verbiage).
70	Payments reflects contract provisions. (Inactive, refer to code 107 for new verbiage).
71	Periodic installment released.
72	Claim contains split payment.
73	Payment made to entity, assignment of benefits not on file.
78	Duplicate of an existing claim/line, awaiting processing.
81	Contract/plan does not cover pre-existing conditions.
83	No coverage for newborns.
84	Service not authorized.
85	Entity not primary.
86	Diagnosis and patient gender mismatch.
87	Denied: Entity not found.
88	Entity not eligible for benefits for submitted dates of service.
89	Entity not eligible for dental benefits for submitted dates of service.
90	Entity not eligible for medical benefits for submitted dates of service.
91	Entity not eligible/not approved for dates of service.
92	Entity does not meet dependent for student qualification.
93	Entity is not selected primary care provider.
94	Entity not referred by selected primary care provider.
95	Requested additional information not received.
96	No agreement with entry.
97	Patient eligibility not found with entity.
98	Charges applied to deductible.
99	Pre-treatment review.
100	Pre-certification penalty taken.
101	Claim was processed as adjustment to previous claim.
102	Newborn's charges processed on mother's claim.
103	Claim combined with other claim(s).
104	Processed according to plan provisions.
105	Claim/line is capitated.
106	This amount is not entity's responsibility.
107	Processed according to contract/plan provisions.
108	Coverage has been canceled for this entity.
109	Entity not eligible.
110	Claim requires pricing information.

Code	Description
111	At the policyholder's request these claims cannot be submitted electronically.
112	Policyholder processes their own claims.
113	Cannot process individual insurance policy claims.
114	Should be handled by entity.
115	Cannot process HMO claims.
116	Claim submitted to incorrect payer.
117	Claim requires signature-on-file indicator.
118	TPO rejected claim/line because payer name is missing.
119	TPO rejected claim/line because claim does not contain enough information.
120	TPO rejected claim/line because claim does not contain enough information.
121	Service line number greater than maximum allowable for payer.
122	Missing/invalid data prevents payer from processing claim.
123	Additional information requested from entity.
124	Entity's name, address, phone and ID number.
125	Entity's name.
126	Entity's address.
127	Entity's phone number.
128	Entity's tax id.
129	Entity's Blue Cross provider id.
130	Entity's Blue Shield provider id.
131	Entity's Medicare provider id.
132	Entity's Medicaid provider id.
133	Entity's UPIN.
134	Entity's CHAMPUS provider id.
135	Entity's commercial provider id.
136	Entity's health industry id number
137	Entity's plan network id.
138	Entity's site id.
139	Entity's health maintenance provider id (HMO).
140	Entity's preferred provider organization id (PPO).
141	Entity's administrative services organization id (ASO).
142	Entity's license/certification number.
143	Entity's state license number.
144	Entity's specialty license number.
145	Entity's specialty code.
146	Entity's anesthesia license number.

Code	Description
147	Entity's qualification degree/designation (e.g. RN, PhD, MD).
148	Entity's social security number.
149	Entity's employer id.
150	Entity's drug enforcement agency (DEA) number.
152	Pharmacy processor number.
153	Entity's id number.
154	Relationship of surgeon & assistant surgeon.
155	Entity's relationship to patient.
156	Patient relationship to subscriber.
157	Entity's gender.
158	Entity's date of birth.
159	Entity's date of death.
160	Entity's marital status.
161	Entity's employment status.
162	Entity's health insurance claim number (HICN).
163	Entity's policy number.
164	Entity's contract/member number.
165	Entity's employer name, address and phone.
166	Entity's employer name.
167	Entity's employer address.
168	Entity's employer phone number.
169	Entity's employer id (inactive for version 004060. Duplicates code 149).
170	Entity's employee id.
171	Other insurance coverage information (health, liability, auto, etc.).
172	Other employer name, address and telephone number.
173	Entity's name, address, phone, gender, DOB, marital status, employment status and relation to subscriber.
174	Entity's student status.
175	Entity's school name.
176	Entity's school address.
177	Transplant recipient's name, date of birth, gender, relationship to insured.
178	Submitted charges.
179	Outside lab charges.
180	Hospital semi-private room rate.
181	Hospital room rate.
182	Allowable/paid from primary coverage.
183	Amount entity has paid.

Code	Description
184	Purchase price for the rented durable medical equipment.
185	Rental price for durable medical equipment.
186	Purchase and rental price of durable medical equipment.
187	Date(s) of service.
188	Statement from-though dates.
189	Hospital admission date.
190	Hospital discharge date.
191	Date of last menstrual period (LMP).
192	Date of first service for current series/symptom/illness.
193	First consultation/evaluation date.
194	Confinement dates.
195	Unable to work dates.
196	Return to work dates.
197	Effective coverage date(s).
198	Medicare effective date.
199	Date of conception and expected date of delivery.
200	Date of equipment return.
201	Date of dental appliance prior placement.
202	Date of dental prior replacement/reason for replacement.
203	Date of dental appliance placed.
204	Date dental canal(s) opened and date service completed.
205	Date(s) dental root canal therapy previously performed.
206	Most recent date of curettage, root planning, or periodontal surgery.
207	Dental impression and seating date.
208	Most recent date pacemaker was implanted.
209	Most recent pacemaker battery change date.
210	Date of the last x-ray.
211	Date(s) of dialysis training provided to patient.
212	Date of last routine dialysis.
213	Date of first routine dialysis.
214	Original date of prescription/orders/referral.
215	Date of tooth extraction/extraction.
216	Drug information.
217	Drug name, strength and dosage form.
218	NDC number.
219	Prescription number.
220	Drug product id number.

Code	Description
221	Drug days supply and dosage.
222	Drug dispensing units and average wholesale price (AWP).
223	Route of drug/myelogram administration.
224	Anatomical location for joint injection.
225	Anatomical location.
226	Joint injection site.
227	Hospital information.
228	Type of bill for UB-92 claim.
229	Hospital admission source.
230	Hospital admission hour.
231	Hospital admission type.
232	Admitting diagnosis.
233	Hospital discharge hour.
234	Patient discharge status.
235	Units of blood furnished.
236	Units of blood replaced.
237	Units of deductible blood.
238	Separate claim for mother/baby charges.
239	Dental information.
240	Tooth surface(s) involved.
241	List of all missing teeth (Upper and lower).
242	Tooth numbers, surfaces, and/or quadrants involved.
243	Months of dental treatment remaining.
244	Tooth number or letter.
245	Dental quadrant/arch.
246	Total orthodontic service fee, initial appliance fee, monthly fee, length of service.
247	Line information.
248	Accident date, state, description and cause.
249	Place of service.
250	Type of service.
251	Total anesthesia minutes.
253	Procedure/revenue code for service(s) rendered. Please use codes 454 or 455 (Deleted as of 2/97).
254	Primary diagnosis code.
255	Diagnosis code.
256	DRG code(s).

Code	Description
257	ADSM_III_R code for services rendered.
258	Days/units for procedure/revenue code.
259	Frequency of services.
260	Length of medical necessity, including begin date.
261	Obesity measurements.
262	Type of surgery/service for which anesthesia was administered.
263	Length of time for services rendered.
264	Number of liters/minute & total hours/day for respiratory support.
265	Number of lesions excised.
266	Facility point of origin and destination – ambulance.
267	Number of miles patient was transported.
268	Location of durable medical equipment use.
269	Length/size of laceration/tumor.
270	Subluxation location.
271	Number of spine segments.
272	Oxygen contents for oxygen system rental.
273	Weight.
274	Height.
275	Claim.
276	UP-92/HCF-1450/HCF-1500 claim form.
277	Paper claim.
278	Signed claim form.
279	Itemized claim.
280	Itemized claim by provider.
281	Related confinement claim.
282	Copy of prescription.
283	Medicare worksheet.
284	Copy of Medicare ID card .
285	Vouchers/explanation of benefits/payment information.
286	Other payer's explanation of benefits/payment information.
287	Medical necessity for services.
288	Reason for late hospital charges.
289	Reason for late discharge.
290	Pre-existing information.
291	Reason for late discharge.
292	Purpose of family conference/therapy.
293	Reason for physical therapy.

Code	Description
294	Supporting documentation.
295	Attending physician report.
296	Nurse's notes.
297	Medical not/report.
298	Operative report.
299	Emergency room notes/report.
300	Lat/test report/notes/results.
301	MRI report.
302	Refer to codes 300 for lab notes and 311 for pathology notes. (removed prior to 2/97).
303	Physical therapy notes. Please use code 297:6O (6 OH not zero) (Deleted as of 2/97).
304	Reports for service.
305	x-ray reports/interpretation.
306	Detailed description of service.
307	Narrative with pocket depth chart.
308	Discharge summary.
309	Code was duplicate of code 299 (removed prior to 2/97).
310	Progress notes for the six months prior to statement date.
311	Pathology notes/report.
312	Dental charting.
313	Bridgework information.
314	Dental records for this service.
315	Past perio treatment history.
316	Complete medical history
317	Patient's medical records.
318	X-rays.
319	Pre/post-operative x-rays/photographs.
320	Study models.
321	Radiographs or models.
322	Recent film x-rays.
323	Study models, x-rays, and/or narrative.
324	Recent x-ray of treatment area and/or narrative.
325	Recent film x-rays and/or narrative.
326	Copy of transplant acquisition invoice.
327	Periodontal case type diagnosis and recent pocket depth chart with narrative.
328	Speech therapy notes. Please use code 297:6R (Deleted as of 2/97).

Code	Description
329	Exercise notes.
330	Occupational notes.
331	History and physical.
332	Authorization/certification (include period covered). (Deleted as of 2/97).
333	Patient release of information authorization.
334	Oxygen certification.
335	Durable medical equipment certification.
336	Chiropractic certification.
337	Ambulance certification/documentation.
338	Home health certification. Please use code 332:4Y (Deleted as of 2/97).
339	Enteral/parenteral certification.
340	Pacemaker certification.
341	Private duty nursing certification.
342	Podiatric certification.
343	Documentation that facility is state licensed and Medicare approved as a surgical facility.
344	Documentation that provider of physical therapy is Medicare Part B approved.
345	Treatment plan for service/diagnosis.
346	Proposed treatment plan for next 6 months.
347	Refer to code 345 for treatment plan and code 282 for prescription. (removed prior to 2/97).
348	Chiropractic treatment plan.
349	Psychiatric treatment plan. Please use codes 345:5I, 5J, 5K, 5L, 5M, 5N, 5O, 5P. (Deleted as of 2/97).
350	Speech pathology treatment plan. Please use code 345:6R. (Deleted as of 2/97).
351	Physical/occupational therapy treatment plan. Please use codes 345:6O, 6N,. (Deleted as of 2/97).
352	Duration of treatment plan.
353	Orthodontics treatment plan.
354	Treatment plan for replacement of remaining missing teeth.
355	Has claim been paid?
356	Was blood furnished?
357	Has or will blood be replaced?
358	Does provider accept assignment of benefits?
359	Is there a release of information signature on file?
360	Is there an assignment of benefits signature on file?
361	Is there other insurance?

Code	Description
362	Is the dental patient covered by medical insurance?
363	Will worker's compensation cover submitted charges?
364	Is accident/illness/condition employment related?
365	Is service the result of an accident?
366	Is injury due to auto accident?
367	Is service performed for a recurring condition or new condition?
368	Is medical doctor (MD) or doctor of osteopath (DO) on staff of this facility?
369	Does patient condition preclude use of ordinary bed?
370	Can patient operate controls of bed?
371	Is patient confined to room?
372	Is patient confined to bed?
373	Is patient an insulin diabetic?
374	Is prescribed lenses a result of cataract surgery?
375	Was refraction performed?
376	Was charge for ambulance for a round-trip?
377	Was durable medical equipment purchased new or used?
378	Is pacemaker temporary or permanent?
379	Were services performed supervised by a physician?
380	Were services performed by a CRNA under appropriate medical direction? (Changed as of 10/99).
381	Is drug generic?
382	Did provider authorize generic or brand name dispensing?
383	Was nerve block used for surgical procedure or pain management?
384	Is prosthesis/crown/inlay placement an initial placement or a replacement?
385	Is appliance upper or lower arch & is appliance fixed or removable?
386	Is service for orthodontic purposes?
387	Date patient last examined by entity.
388	Date post-operative care assumed.
389	Date post-operative care relinquished.
390	Date of most recent medical event necessitating service(s).
391	Date(s) dialysis conducted.
392	Date(s) of blood transfusion(s).
393	Date of previous pacemaker check.
394	Date(s) of most recent hospitalization related to service.
395	Date entity signed certification/recertification.
396	Date home dialysis began.
397	Date of onset/exacerbation of illness/condition.

Code	Description
398	Visual field test results.
399	Report of prior testing related to this service, including dates.
400	Claim is out of balance.
401	Source of payment is not valid.
402	Amount must be greater than zero.
403	Entity referral notes/orders/prescription.
404	Specific findings, complaints, or symptoms necessitating service.
405	Summary of services.
406	Brief medical history as related to services(s).
407	Complications/mitigating circumstances.
408	Initial certification.
409	Medication logs/records (including medication therapy).
410	Explain differences between treatment plan and patient's condition.
411	Medical necessity for non-routine services(s).
412	Medical records to substantiate decision of non-coverage.
413	Explain/justify differences between treatment plan and services rendered.
414	Need for more than one physician to treat patient.
415	Justify services outside composite rate.
416	Verification of patient's ability to retain and use information.
417	Prior testing, including result(s) and date(s) as related to service(s).
418	Indicating why medications cannot be taken orally.
419	Individual test(s) comprising the panel and the charges for each test.
420	Name, dosage and medical justification of contrast material used for radiology procedure.
421	Medical review attachment/information for services(s).
422	Homebound status.
423	Prognosis (Inactive for 00430, since 10/99. LOINC codes have the ability to ask for prognosis.)
424	Statement of non-coverage including itemized bill.
425	Itemize non-covered services.
426	All current diagnoses.
427	Emergency care provided during transport.
428	Reason for transport by ambulance.
429	Loaded miles and charges for transport to nearest facility with appropriate services.
430	Nearest appropriate facility.
431	Provide condition/functional status at time of service.
432	Date benefits exhausted.

Code	Description
433	Copy of patient revocation of hospice benefits.
434	Reasons for more than one transfer per entitlement period.
435	Notice of Admission.
436	Short term goals.
437	Long term goals.
438	Number of patients attending session.
439	Size, depth, amount, and type of drainage wounds.
440	Why non-skilled caregiver has not been taught procedure.
441	Entity professional qualification for service(s).
442	Modalities of service.
443	Initial evaluation report.
444	Method used to obtain test sample.
445	Explain why hearing loss not correctable by hearing aid.
446	Documentation from prior claim(s) related to service(s).
447	Plan of teaching.
448	Invalid billing combination. See STC12 for details. This code should only be used to indicate an inconsistency between two or more data elements on the claim. A detailed explanation is required in STC12 when this code is used.
449	Projected date to discontinue service(s).
450	Awaiting spend down determination.
451	Preoperative and post-operative diagnosis.
452	Total visits in total number of hours/day and total number of hours/week.
453	Procedure Code Modifier(s) for service(s) rendered.
454	Procedure code for services rendered.
455	Revenue code or services rendered.
456	Covered day(s).
457	Non-covered day(s).
458	Coinsurance day(s).
459	Lifetime reserve day(s).
460	NUBC condition code(s).
461	NUBC occurrence code(s) and date(s).
462	NUBC occurrence span code(s) and date(s).
463	NUBC value code(s) and/or amount(s).
464	Payer assigned control number.
465	Principal procedure code for service(s) rendered.
466	Entities original signature.
467	Entity signature date.

Code	Description
468	Patient signature source.
469	Purchase service charge.
470	Was service purchased from another entity?
471	Were services related to an emergency?
472	Ambulance run sheet.
473	Missing or invalid lab indicator.
474	Procedure code and patient gender mismatch.
475	Procedure code not valid for patient age.
476	Missing or invalid units of service.
477	Diagnosis code pointer is missing or invalid.
478	Claim submitter's identifier (patient account number) is missing.
479	Other carrier payer ID is missing or invalid.
480	Other carrier claim filing indicator is missing or invalid.
481	Claim/submission format is invalid.
482	Date error, century missing.
483	Maximum coverage amount met or exceeded for benefit period.
484	Business application currently not available.
485	More information available than can be returned in real time mode. Narrow your current search criteria.
486	Principle procedure date.
487	Claim not found, claim should have been submitted to/through "entity".
488	Diagnosis code(s) for the services rendered.
489	Attachment control number.
490	Other procedure code for service(s) rendered.
491	Entity not eligible for encounter submission.
492	Other procedure date.
493	Version/release/industry ID code not currently supported by information holder.
494	Real-time requests not supported by the information holder, resubmit as batch request.
495	Requests for re-adjudication must reference the newly assigned payer claim control number for this previously adjusted claim. Correct the payer claim control number and re-submit.

276/277 Transaction - Product or Service ID Qualifier

Last Change Date: 10/15/03

Code	Description
AD	American Dental Association Codes
CI	Common Language Equipment Identifier
HC	Health Care Financing Administration Common Procedural Coding System (HCPCS)
ID	International Classification of Diseases Clinical Modification (ICN-9-CM) Procedure
IV	Home Infusion EDI Coalition (HIEC) Product/Service Code
N1	National Drug Code in 4-4-2 Format
N2	National Drug Code in 5-3-2 Format
N3	National Drug Code in 5-4-1 Format
N4	National Drug Code in 5-4-2 Format
ND	Nation Drug Code (NDC)
NH	National Health Related Item Code
NU	National Uniform Billing Committee (NUBC) UB92 Codes
RB	National Uniform Billing Committee (NUBC) UB82 codes

Electronic Eligibility Reject Reason Codes

Last Change Date: 05/05/03;
Revised Format 04/13/05

Code	Definition
04	Authorized quantity exceeded
15	Required application data missing
41	Authorization/access restrictions
42	Unable to respond at current time
43	Invalid/missing provider identification
44	Invalid/missing provider name
45	Invalid/missing provider specialty
46	Invalid/missing provider phone number
47	Invalid/missing provider state
48	Invalid/missing referring provider identification number
49	Provider is not primary care physician
50	Provider ineligible for inquiries
51	Provider not on file
52	Service dates not within provider plan enrollment
53	Inquired benefit inconsistent with provider type
54	Inappropriate product/service ID qualifier
55	Inappropriate product service ID
56	Inappropriate date
57	Invalid/missing date(s) of service
58	Invalid/missing date-of-birth
60	Date of birth follows date(s) of service
61	Date of death precedes date(s) of service
62	Date of service not within allowable inquiry period
63	Date of service in future
64	Invalid/missing patient ID
65	Invalid/missing patient name
66	Invalid/missing patient gender code
67	Patient not found
68	Duplicate patient ID number
69	Inconsistent with patient's age
70	Inconsistent with patient's gender
71	Patient birth date does not match for patient on the database
72	Invalid/missing subscriber/insured ID
73	Invalid/missing subscriber/insured name
74	Invalid/missing subscriber/insured gender code

Code	Definition
75	Subscriber/insured not found
76	Duplicate subscriber/insured ID number
77	Subscriber found, patient not found
78	Subscriber/insured not in group/plan identified
79	Invalid participant identification
97	Invalid or missing provider address
T4	Payer name or identifier missing

835 Electronic Remittance Claim Status Codes

Last Change Date: 10/20/03

Code	Description
1	Processed as Primary
2	Processed as Secondary
3	Processed as Tertiary
4	Denied
5	Pended
10	Received but not in process
13	Suspended
15	Suspended – investigation with field
16	Suspended – return with material
17	Suspended – Review Pending
19	Processed as Primary, Forwarded to Additional Payers
20	Processed as Secondary, Forwarded to Additional Payers
21	Processed as Tertiary, Forwarded to Additional Payers
22	Reversal of Previous Payment
23	Not Our Claim, Forwarded to Additional Payer(s)
25	Predetermination Pricing Only – No Payment
27	Reviewed

Electronic Prior Authorization Attachment Report Type Codes

Updated 10/17/03; Revised Format 4/13/05

Code	Description
03	Report Justifying Treatment Beyond Utilization Guidelines
04	Drugs Administered
05	Treatment Diagnosis
06	Initial Assessment
07	Functional Goals (expected outcomes of rehabilitative services)
08	Plan of Treatment
09	Progress Report
10	Continued Treatment
11	Chemical Analysis
13	Certified Test Report
15	Justification for Admission
21	Recovery Plan
48	Social Security Benefit Letter
55	Rental Agreement (use for medical or dental equipment rental)
59	Benefit Letter
77	Support Data for Verification
A3	Allergies/Sensitivities Document
A4	Autopsy Report
AM	Ambulance Certification (information to support necessity of ambulance trip)
AS	Admission Summary (a brief patient summary: it lists the patient's chief complaints and the reasons for admitting the patient to the hospital)
AT	Purchase Order Attachment (use for purchase of medical or dental equipment)
B2	Prescription
B3	Physician Order
BR	Benchmark Testing Results
BS	Baseline
BT	Blanket Test Results
CB	Chiropractic Justification (lists the reasons chiropractic is just and appropriate treatment)
CK	Consent Form(s)
D2	Drug Profile Document
DA	Dental Models
DB	Durable Medical Equipment Prescription
DG	Diagnostic Report
DJ	Discharge Monitoring Report

Code	Description
DS	Discharge Summary
FM	Family Medical History Document
HC	Health Certificate
HR	Health Clinic Records
I5	Immunization Record
IR	State School Immunization Records
LA	Laboratory Results
M1	Medical Record Attachment
NN	Nursing Notes
OB	Operative Note
OC	Oxygen Content Averaging Report
OD	Orders and Treatments Document
OE	Objective Physical Examination (including vital signs) Document
OX	Oxygen Therapy Certification
P4	Pathology Report
P5	Patient Medical History Document
P6	Periodontal Charts
P7	Periodontal Reports
PE	Parenteral or Enteral Certification
PN	Physical Therapy Notes
PO	Prosthetics or Orthotic Certification
PQ	Paramedical Results
PY	Physician's Report
PZ	Physical Therapy Certification
QC	Cause and Corrective Action Report
QR	Quality Report
RB	Radiology Films
RR	Radiology Reports
RT	Report of Tests and Analysis Report
RX	Renewable Oxygen Content Averaging Report
SG	Symptoms Document
V5	Death Notification
XP	Photographs

Electronic Prior Authorization Attachment Transmission Code

Updated 10/17/03

Code	Description
AA	Available on Request at Provider Site
BM	By Mail
EL	Electronically Only
EM	E-mail
FX	By Fax
VO	Voice

Electronic Prior Authorization Certification Action Codes

Updated 10/20/03

Code	Description
A1	Certified in total
A3	Not certified
A4	Pended
A6	Modified
CT	Contact Payer
NA	No Action Required

Electronic Prior Authorization Code List Qualifier Codes

Updated 10/17/03

Code	Description
ABR	Assigned by Receiver – Use ABR for revenue codes
BO	HCFA Common Procedural Coding System -
BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
JP	National Standard Tooth Numbering System.
LOI	Logical Observation Identifier Names and Codes (LOINC) codes
NDC	National Drug Code (NDC)
ZZ	Mutually Defined

Electronic Prior Authorization Condition Code Categories

Updated 10/17/03

Code	Description
07	Ambulance Certification
08	Chiropractic Certification
11	Oxygen Therapy Certification
75	Functional Limitations
76	Activities Permitted
77	Mental Status

Electronic Prior Authorization Condition Indicator Codes

Updated 10/17/03; Revised Format 4/13/05

Code	Description
01	Patient was admitted to a hospital
02	Patient was bed confined before the ambulance service
03	Patient was bed confined after the ambulance service
04	Patient was moved by stretcher
05	Patient was unconscious or in shock
06	Patient was transported in an emergency situation
07	Patient had to be physically restrained
08	Patient had visible hemorrhaging
09	Ambulance service was medically necessary
10	Patient is ambulatory
11	Ambulation is impaired and walking aid is used for therapy or mobility
12	Patient is confined to a bed or chair
13	Patient is confined to a room or an area without bathroom facilities
14	Ambulation is impaired and walking aid is used for mobility
15	Patient condition requires positioning of the body or attachments which would not be feasible with the use of an ordinary bed
16	Patient needs a trapeze bar to sit up due to respiratory condition or change body positions for other medical reasons.
17	Patient's ability to breathe is severely impaired
18	Patient condition requires frequent and/or immediate changes in body positions
19	Patient can operate controls
20	Side-rails are to be attached to a hospital bed owned by the beneficiary
21	Patient owns equipment
22	Mattress or side-rails are being used with prescribed medically necessary hospital bed owned by the beneficiary
23	Patient needs lift to get in or out of bed or to assist in transfer from bed to wheelchair.
24	Patient has an orthopedic impairment requiring traction equipment which prevents ambulation during period of use
25	Item has been prescribed as part of a planned regimen of treatment in patient home
26	Patient is highly susceptible to decubitus ulcers
27	Patient or care-giver has been instructed in use of equipment

Code	Description
30	Without the equipment, the patient would require surgery
31	Patient has had a total knee replacement
35	This feeding is the only form of nutritional intake for this patient
37	Oxygen delivery equipment is stationary
39	Patient has mobilizing respiratory tract secretions
40	Patient or care-giver is capable of using the equipment without technical or professional supervision
41	Patient or care-giver is unable to propel or lift a standard weight wheelchair
42	Patient requires leg elevation for edema or body alignment
43	Patient weight or usage needs necessitate a heavy duty wheelchair
44	Patient requires reclining function of a wheelchair
45	Patient is unable to operate a wheelchair manually
46	Patient or care-giver requires side transfer into wheelchair, commode or other
60	Transportation was to the nearest facility
9D	Lack of appropriate facility within reasonable distance to treat patient in the event of complication
9H	Patient requires intensive IV therapy
9J	Patient requires protective isolation
9K	Patient requires frequent monitoring
IH	Independent at home
LB	Legally blind
SL	Speech Limitations.

Electronic Prior Authorization Follow Up Action Codes

Updated 10/17/03

Code	Description
C	Please correct and resubmit
N	Resubmission not allowed
P	Please resubmit original transaction
Y	Do no resubmit, we will hold your request and respond again shortly

Electronic Prior Authorization Reject Reason Codes

Updated 10/17/03; Revised Format 04/13/05

Code	Description
04	Authorized quantity exceeded
15	Required application data missing
33	Input errors
35	Out of network
36	Testing not included
37	Request forwarded to and decision response
41	Authorization/access restrictions
42	Unable to respond at current time
43	Invalid/missing provider identification
44	Invalid/missing provider name
45	Invalid/missing provider specialty
46	Invalid/missing provider phone number
47	Invalid/missing provider state
49	Provider is not primary care physician
50	Provider ineligible for inquiries
51	Provider not on file
52	Service dates not within provider plan enrollment
53	Inquired benefit inconsistent with provider type
56	Inappropriate date
57	Invalid/missing dates of service
58	Invalid/missing date of birth
60	Date of birth follow(s) dates of service
61	Date of death precede(s) dates of service
62	Date of service not within allowable inquiry period
64	Invalid/missing patient ID
65	Invalid/missing patient name
66	Invalid/missing patient gender code
67	Patient not found
68	Duplicate patient ID number
69	Inconsistent with patient's age
70	Inconsistent with patient's gender
71	Patient birth date does not match that for the patient on the database
72	Invalid/missing subscriber/insured ID
73	Invalid/missing subscriber/insured name

Code	Description
74	Invalid/missing subscriber/insured gender code
75	Subscriber/insured not found
76	Duplicate subscriber/insured ID number
77	Subscriber found, patient not found
78	Subscriber/insured not in group/plan identified
79	Invalid participant identification
80	No response received – transaction terminated
82	Not medically necessary
83	Level of care not appropriate
84	Certification not required for this service
85	Certification responsibility of external review organization
86	Primary care service
87	Exceeds plan maximums
88	Non-covered service
89	No prior approval
90	Requested information not received
91	Duplicate request
92	Service inconsistent with diagnosis
95	Patient not eligible
96	Pre-existing condition
97	Invalid or missing provider address
98	Experimental service or procedure
E8	Requires medical review
T4	Payer name or identifier missing
T5	Certification information missing

Electronic Prior Authorization Service Type Codes

Last Change Date: 10/15/03

Note: This needs to be cross-walked by the State.

Idaho PA service Category Code	Description	Electronic PA Service Type Code
	Medical Care	1
	Surgical	2
	Consultation	3
	Diagnostic Xray	4
	Diagnostic Lab	5
	Radiation Therapy	6
	Anesthesia	7
	Surgical Assistance	8
	Durable Medical Equipment Purchase	12
	Renal Supplies in the Home	14
	Alternate Method Dialysis	15
	Chronic Renal Disease (CRD) Equipment	16
	Pre-Admission Testing	17
	Durable Medical Equipment Rental	18
	Second Surgical Opinion	20
	Third Surgical Opinion	21
	Diagnostic Dental	23
	Periodontics	24
	Restorative	25
	Endodontics	26
	Maxillofacial Prosthetics	27
	Adjunctive Dental Services	28
	Chiropractic	33
	Chiropractic Office Visits	34
	Dental Care	35
	Dental Crowns	36
	Dental Accident	37
	Orthodontics	38
	Prosthodontics	39
	Oral Surgery	40
	Home Health Visits	42

	Hospice	45
	Respite Care	46
	Hospital – Inpatient	48
	Hospital – Outpatient	50
	Hospital – Emergency Accident	51
	Hospital – Emergency Medical	52
	Hospital – Ambulatory Surgical	53
	Long Term Care	54
	Medically Related Transportation	56
	Air Transportation	57
	Cabulance	58
	Licensed Ambulance	59
	In-Vitro Fertilization	61
	MRI/CAT Scan	62
	Donor Procedures	63
	Acupuncture	64
	Newborn Care	65
	Smoking Cessation	67
	Well Baby Care	68
	Maternity Care	69
	Transplants	70
	Audiology Exam	71
	Inhalation Therapy	72
	Diagnostic Medical	73
	Private Duty Nursing	74
	Prosthetic Device	75
	Dialysis	76
	Otological Exam	77
	Chemotherapy	78
	Allergy Testing	79
	Immunizations	80
	Family Planning	82
	Infertility	83
	Abortion	84
	AIDS	85
	Emergency Services	86
	Podiatry	93
	Podiatry – Office Visits	94
	Podiatry – Nursing Home Visits	95
	Professional (Physician) visit – Office	98

	Professional (Physician) Visit – Inpatient	99
	Professional (Physician) Visit – Outpatient	A0
	Professional (Physician) Visit – Nursing Home	A1
	Professional (Physician) Visit Skilled Nursing Facility	A2
	Professional (Physician) Visit – Home	A3
	Psychiatric	A4
	Psychotherapy	A6
	Psychiatric – Inpatient	A7
	Psychiatric – Outpatient	A8
	Rehabilitation	A9
	Rehabilitation – Inpatient	AB
	Rehabilitation – Outpatient	AC
	Occupational Therapy	AD
	Physical Medicine	AE
	Speech Therapy	AF
	Skilled Nursing Care	AG
	Substance Abuse	AI
	Alcoholism	AJ
	Drug Addiction	AK
	Vision (Optometry)	AL
	Experimental Drug Therapy	AR
	Partial Hospitalization (Psychiatric)	BB
	Day Care (Psychiatric)	BC
	Cognitive Therapy	BD
	Massage Therapy	BE
	Pulmonary Rehabilitation	BF
	Cardiac Rehabilitation	BG
	Invasive Procedures	BS

Electronic Prior Authorization Transaction Type Code

Updated 10/20/03

Code	Description
18	Response – No further updates to follow
19	Response – Further updates to follow
AT	Administrative Action

Electronic Prior Authorization Transportation Unit Or Basis Of Measurement

Updated 10/17/03

Code	Description
DH	Miles
DK	Kilometers

Electronic Prior Authorization Units Or Basis Of Measurement Codes

Updated 10/17/03

Code	Description
DA	Days
MO	Months
WK	Week

EMERGENCY INDICATOR

Last Change Date: 06/04/96

Code	Description
1	Emergency
2	Non-Emergency

EPICS Daily Transaction Codes

Revised 4/14/05 to format as table

Code	Description
1B00	Add Eligibility Transaction
1F00	Add LTC Segment Transaction
1G00	Add Patient Liability Segment Transaction
2A00	Base Change Transaction
2AA0	Change SSN Transaction
2AB0	Change Name Transaction
2AC0	Change Birth Date Transaction
2AD0	Change Sex Transaction
2AK0	Change Primary Language Transaction
2AE0	Change Race Transaction
2AF0	Card Re-issue Transaction
2AH0	Change Address Transaction
2AJ0	Change Death Date Transaction
2B00	Change Eligibility Transaction
2H00	Medicare Buy-in Transaction
2AL0	Change Field Office/Case
2G00	Change LTC Patient Liability Transaction
2D00	Change TPR Insurance Transaction

EPSDT - Screening Procedure (HCFA 416)

Last Change Date: 04/10/03; Revised 4/15/05 for table format

Codes marked with * are not valid after 10/15/2003

Encounter Codes	
Rural Health	Only if billed with diagnosis V20.1, V20.2, V250, V258 (0900R thru 0999R, 0999E not valid after 6/1/2002)
T1015	

Federally Qualified Health Center (FQHC)	
V259, V254 or modifier (the encounter codes) RO (not valid after 10/15/2003) or U6 (referred for treatment) (FQHC for EPSDT billing)	
(0900F thru 0999F, 0999E not valid after 6/1/2002)	
T1015	
D2999	

Indian Health Center	
T1015	
5999I*	

More screening codes – periodic		
99201	99202	99203
99204	99205	99211
99212	99213	99214
99215	99381	99382
99383	99384	99385
99391	99392	99393
99394	99395	99431
99432	99433	9381E*
9382E*	9383E*	9384E*
9385E*	9391E*	9392E*
9393E*	9394E*	9395E*

Counseling Codes		
99401	99402	99403
99450	99455	99456

RNs		
99401	99402	99403
99404	9401E*	9402E*
9403E*	9404E*	

EPSDT Case Management (G9001 and G9002 added as the new national code in the crosswalk)

9361P*	9362P*	G9001
G9002		

DDD Speech and Hearing (V5362-63, 92507-8, and 92551 added as the new national code in the crosswalk)

Under age 21		
8130A*	8140A*	8230A*
8235A*	V5362	V5363
92507	92508	92551

Hearing Codes: under age 21

92502 thru 92596

Vision Codes: under age 21

92002 thru 92370

Dental Codes: under age 21

D1110	D1120	D1201
D1203	D0110	D1310
D0120	D1351	D1330

Family Planning: (used by District Health Departments and Phys extenders. Codes need to be replaced when the new codes are assigned. Need to validate that procedure codes 99211, 99213, and 99214 have the correct type and specialty added.)

Under age 21		
9395F*	9396F*	9397F*
99211	99213	99214

Nursing Facility Visits: under age 21

99301	99303	99311
99313		

EPSDT Immunization Procedure Codes

Last Change Date: 04/09/03; Revised 4/18/05 into Table Format

Immunization Procedure Codes					
0100J	90471	90633	90634	90645	90646
90647	90648	90657	90658	90659	90660
90699	90700	90701	90702	90703	90704
90705	90706	90707	90708	90711	90712
90713	90716	90718	90720	90721	90724
90731	90732	90733	90737	90741	90742
90743	90744	90745	9633J	9634J	9347J
9648J	9669J	9700J	9701J	9702J	9716J
9718J	9720J	9737J	9707J	9712J	9716J
9742J					

EPSDT PERIODICITY SCHEDULE

Last Change Date: 06/04/96

Age	Infancy							Early Childhood				
	2/3 day	By 1 m	2 m	4 m	6 m	9 m	12 m	15 m	18 m	2 y	3 y	4 y
History												
Initial/Interval	x	x	x	x	x	x	x	x	x	x	x	x
Measurements												
Height and Weight	x	x	x	x	x	x	x	x	x	x	x	x
Head Circumference	x	x	x	x	x	x	x	x	x			
Blood Pressure											x	x
Sensory Screening												
Vision	s	s	s	s	s	s	s	s	s	s	s	o
Hearing	s	s	s	s	s	s	s	s	s	s	s	o
Dev/Behav. Assessment	x	x	x	x	x	x	x	x	x	x	x	x
Phys. Exam	x	x	x	x	x	x	x	x	x	x	x	x
Procedures												
Hereditary/ Metabol. Screening	----	x										
Immunization			x	x	x		-	x				----
Tuberculin Test							x	-				x
Hematocrit or Hemoglobin		----	----	----	----	x	----	----	-	x	----	----
Urinalysis		----	----	----	x	----	----	-	----	x	----	----
Anticipatory Guidance	x	x	x	x	x	x	x	x	x	x	x	x
Initial Dental Referral											x	

	Late Childhood					Adolescence			
Age	5 y	6 y	8 y	10 y	12 y	14 y	16 y	18 y	20 y +
History									
Initial/Interval	x	x	x	x	x	x	x	x	x
Measurements									
Height and Weight	x	x	x	x	x	x	x	x	x
Head Circumference									
Blood Pressure	x	x	x	x	x	x	x	x	x
Sensory Screening									
Vision	o	o	o	s	o	o	s	o	o
Hearing	o	s 4	s 4	s 4	o	s	s	o	s
Dev/Behav. Assessment	x	x	x	x	x	x	x	x	x
Phys. Exam	x	x	x	x	x	x	x	x	x
Procedures									
Hereditary/ Metabol. Screening									
Immunization	x	----			----	x	----		
Tuberculin Test						x	----		
Hematocrit or Hemoglobin	----	----	x	----	----	----	----	x	----
Urinalysis	----	----	x	----	----	----	----	x	----
Anticipatory Guidance	x	x	x	x	x	x	x	x	x
Initial Dental Referral									

1. For newborns discharged in 24 hrs or less after delivery.
2. Adolescent-related issues may necessitate more frequent health supervision
3. If a child comes under the care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
4. At these points, history may suffice: if problem suggested, a standard testing method should be employed.
5. By history and appropriate physical exam:
6. At each visit, a complete physical exam is essential.
7. These may be modified, depending upon entry point into schedule and individual need.
8. Metabolic screening should be done according to state law.

9. Schedule per *Report of the Committee on Infectious Diseases*, 1991 Red Book, and current AAP Committee statements.
10. For high risk groups, the Committee of Infectious diseases recommends annual TB skin testing.
11. Present medical evidence suggests the need for reevaluation of the frequency and timing of hemoglobin or hematocrit tests.
12. Present medical evidence suggests the need for reevaluation of the frequency and timing of urinalysis.
13. Appropriate discussion on counseling should be an integral part of each visit for care.
14. Subsequent exams as prescribed by dentist.

Key: x: to be performed
s: subjective, by history
o: objective, by a standard testing method

ERROR STATUS CODE TYPES

Last Change Date: 05/31/96; Revised for table format: 4/15/05

Code	Description
A	Duplicate Audit
E	Edit
R	Relationship Audit
L	Limitation Audit
P	Pricing
C	Cost Avoidance

ESTATE RECOVERY HARDSHIP WAIVER STATUS

Last Change Date: 05/30/96; Revised for table format 04/18/05

Code	Description
D	Denied
F	Full
P	Partial

EXPLANATION OF BENEFIT CODES

Code Ranges:	
001-099	Provider
100-199	Client
200-399	Procedure
400-499	Diagnosis
500-599	Days/Dates
600-699	Drugs
700-799	Third Party
800-899	Prior Authorization
900-999	Miscellaneous

001-099 Provider

Code	Description
001	Billing provider number missing/not on file.
002	Provider name and/or number does not match provider file.
003	Attending provider inactive for detail date(s) of service billed.
004	Billing provider ineligible for header date(s) of service.
005	Billing provider ineligible for detail date(s) of service.
006	Billing provider inactive for detail date(s) of service.
007	Attending provider missing/not on file for date(s) of service billed.
008	Attending provider ineligible on detail date(s) of service.
009	Attending provider is missing/not on file.
010	Healthy Connections provider number must be in referral field.
011	Billing/referring provider not healthy connections provider for date(s) of service.
012	Attending provider inactive for header date(s) of service.
013	Attending provider ineligible for header date(s) of service.
014	Attending provider not eligible member of group for date(s) of service.
015	Client is not eligible for nursing home care on date(s) of service.
016	Header attending provider number must be individual number, not group number.
017	Detail attending provider number must be individual number, not group number.
018	Billing provider inactive for header date(s) of service.
019	Procedure billed not allowed for provider without justification.
020	Diagnosis billed not allowed for provider without justification.
021	Revenue code billed not allowed for provider without justification.
022	Modifier 26 required for this procedure in place of service billed.
023	Procedure not payable in this place of service without justification.
024	Detail diagnosis not allowed without justification.
025	Invalid claim form or invalid dates of service.
026	Only Medicare Crossover claims payable to this provider.
027	Payment not allowed to provider while under surveillance and utilization review
028	Payment not allowed to provider while under Policy review.
029	Valid referring provider number required for consultations.
030	Clozaril care coordination not payable to this provider.
031	Non unit-dose provider cannot bill for Nursing Home client.
032	Provider/Diagnosis is not on hospice file for date(s) of service.
033	Provider does not match Nursing Home client for date(s) of service.
034	Prescribing provider license number-qualifier missing/invalid.

Code	Description
035	Reimbursement percentage rate not on the provider file.
036	Procedure not allowed for provider without justification.
037	NDC not allowed for this provider without justification.
038	CLIA number not on provider file for the revenue code
039	Provider not authorized by CLIA for lab code(s) billed.
040	CLIA number not on provider file for procedure(s) billed.
041	Provider does not have an electronic billing contract on file for service date(s) billed.
042	EPSDT service coordination not payable to this provider.
043	Provider Type not payable under PWC program.
044	Open
045	Unit dose pharmacy cannot bill for non-Nursing Home client.
046	Billing provider FEIN and SSN missing/not on file
047	Provider not allowed to bill this optometric procedure
048 – 099	Open

100-199 Client

Code	Description
100	Client Medicaid number missing/not on file.
101	Client name and/or number does not match client file.
102	Open
103	Client ineligible on header date(s) of service.
104	Client ineligible on detail date(s) of service.
105	Client is partially ineligible on header date(s) of service.
106	Client is partially ineligible on detail date(s) of service.
107	Client deceased on or before header date(s) of service.
108	Client deceased on or before detail date(s) of service.
109	Dates billed span client's program codes. Call EDS for clarification.
110	Dates billed span client's program codes. Call EDS for clarification.
111	Services/diagnosis not approved for this client while on review.
112	Client has Medicare. Bill Medicare first or attach Medicare denial.
113	Open
114	Client is ineligible for PWC children program.
115	Client status code is missing or invalid.
116	Client is over 1 year age limit for PWC program.
117	PWC program applies to females only.
118	Dates billed span changes in PCP enrollment. Contact EDS for billing instructions.
119	Open
120	Services require referral from Lock-in provider. Services require referral from Lock-in provider.
121	Services require referral from Lock-in provider.
122	Client has Medicare. Bill Medicare first or attach denial.
123	Paid according to prior authorized amount.
124	Client ineligible for Hospice on date(s) of service.
125	Client has Medicare Part B. Bill Medicare first or attach denial.
126	Client not eligible for LTC for date(s) of service
127	Primary/Admit diagnosis not valid for addition to length of stay file
128	Open
129	Client not authorized for nursing home care on date(s) of service billed.
130	Client program code only allows payment for Medicare crossover claims.
131	Services rendered are included in the Hospice program.
132	Open
133	Claims payable for this client for emergencies only.
134	Claims payable for this client for emergencies only.
135	Client enrolled in child health insurance program (Currently set to Ignore)
136	Header DOS can't span program splits for CHIP-B
137	Provider type or provider specialty not covered for CHIP-B
138-199	Open

200-399 Procedure

Code	Description
200	Service not allowed under PWC program without pregnancy related documentation
201	NDC invalid for client's age. Justification required.
202	Dental procedure requires a valid quadrant or arch value. See Provider Handbook.
203	Multiple tooth numbers for same detail not allowed
204	Procedure/modifier requires justification. Rebill claim with report attached.
205	Certificate of necessity/documentation missing/invalid.
ABI	Procedure payable according to Medicaid policy guidelines.
ABR	Procedure payable according to Medicaid policy guidelines.
ABL	Procedure payable according to Medicaid policy guidelines.
ABH	Procedure payable according to Medicaid policy guidelines.
206	OPEN
207	Valid hysterectomy consent form not on file.
208	Valid hysterectomy consent form not on file.
209	Valid sterilization consent form not on file.
210	Valid sterilization consent form not on file.
211	Revenue code not payable without justification.
212	Service(s) is/are not provided or authorized by the Idaho Medicaid program
213	Tooth number is missing or invalid for the procedure.
214	Tooth surface or surface combination is invalid.
215	Procedure/HCCPC code is invalid to the billing provider type.
216	Procedure billed to place of service billed does not match.
217	Procedure is invalid to Client's age. Justification required.
218	Procedure is invalid to Client's age. Justification required.
219	Sterilization not payable for Client under age 21.
220	Sterilization not payable for Client under age 21.
221	Procedure is invalid for Client's sex.
222	Procedure is invalid for Client's sex.
223	Procedure/HCCPC code is invalid for date(s) of service.
224	Revenue code 360 requires at least one non-ASC procedure.
225	Revenue code rate is missing/invalid for date(s) of service.
226	Revenue code is missing/invalid
227	Procedure/HCCPC code is missing/invalid.
228	NDC is missing/invalid/not on file.
229	Primary ICD-9 procedure is not on file.
230	Second ICD-9 procedure is not on file.
231	Third ICD-9 procedure is not on file.
232	ICD-9 procedure and diagnosis do not match.
233	Please use the specific diagnosis related to the procedure.
234	Procedure requires home oxygen therapy information
235	Blood gas/saturation values missing/invalid
236	Modifier AH or MD required for this procedure.
237	Procedure billed is not payable to an Ambulatory Surgical Center.
238	Tax/non-tax Individual PCS procedures cannot be billed on same claim.
239	Procedure code invalid for CLIA type. PENDED
240	CLIA dates don't include billed dates of service. PENDED
241	Dates of service billed span CLIA dates. PENDED
242	Services not payable under the presumptive eligibility program.
243	Priced in accordance with Medicaid policy guidelines.
244	Procedure billed requires a modifier.
245	Revenue code requires a valid CPT/HCCPC procedure code.
246	Procedure/modifier(s) or proc/mod combination is invalid or not on file.

Code	Description
247	Fourth ICD-9 procedure is invalid.
248	Fifth ICD-9 procedure is invalid.
249	Sixth ICD-9 procedure is invalid.
250	Observation and Labor room revenue codes cannot be billed together.
251	Only pregnancy related services provider under Presumptive Eligibility Program
252	No per diem rate on the provider rate file for date(s) of service.
253	Only pathologists may be paid for cytology/pathology in place of service 21, 22, or 23.
254	Modifier 26 required for this procedure in place of service 21, 22, or 23.
255	Procedure is inappropriate or invalid for date(s) of service.
256	Procedure is inappropriate or invalid for date(s) of service.
257	No price on file for this NDC for date(s) of service.
258	No price on the ASC file for the procedure on date(s) of service.
259	Open
260	Procedure is invalid for the provider specialty.
261– 263	OPEN
264	Tint procedures not payable except for Albinism.
265	Sterilization procedures require diagnosis V252.
266	Non-obstetrical procedure cannot be billed with pregnancy related diagnoses.
267	Ectopic pregnancy diagnoses requires ectopic pregnancy procedures and vice versa.
268	Please use appropriate diagnosis for the procedure/modifier billed.
269	Procedure invalid for place of service without medical justification.
270	Procedure is not allowed in this place of service.
271	Hospice modifier is missing or invalid for revenue code billed.
272	99080 not allowed - resubmit with appropriate Medicaid report procedure.
273	Private room paid per physician order only.
274	Isolation room paid per physician order only.
275	OPEN
276	E&M procedures not allowed with diagnosis V201/V202.
277	Only routine eye exam procedures allowed with diagnosis V720.
278	Services included in the ASC facility payment.
279	Service included in the content of care
280	Amount or units billed for procedure requires justification.
281	Transportation procedure is invalid for billing provider.
282	Payment for PKU is contracted to the Oregon Dept. of Human Resources - Portland, Oregon.
283	Pain management is only paid under CPT injection procedures.
284	OPEN .
285	Procedure for normal newborn care require diagnosis V300
286	OPEN
287	Targeted case management procedures not allowed for this diagnosis.
288	Procedure is not allowed with this diagnosis.
289	Procedure is not allowed with this diagnosis.
290	Procedure is not allowed with this diagnosis.
291	Procedure is not allowed with this diagnosis.
292	Procedure is not allowed with this diagnosis.
293	Procedure is not allowed with this diagnosis.
294	OPEN
295	Revenue code 450 requires a valid admit hour.
296	Mobile X-ray provider must bill radiology procedure with TC modifier.
297	Open
298	Procedure billed does not match revenue code.
299	Open

Code	Description
300	Local procedure codes not allowed as of 10/20/2003
301	Transplants services are not covered for CHIP-B clients.
302	Transplants services are not covered for CHIP-B clients.
303 – 332	OPEN
333	HMO encounter claim
334 – 399	OPEN

400-499 Diagnosis

Code	Description
400	Primary diagnosis V3000 range requires secondary diagnosis code reflecting newborn birth weight.
401	Admit diagnosis missing/not on file/invalid for dates of service
402	Primary/Admit diagnosis not valid for addition to length of stay file.
403	Primary diagnosis missing/invalid.
404	OPEN
405	Admit diagnosis cannot be E-codes.
406	Secondary diagnosis is not on file.
407	Third diagnosis is not on file.
408	Admit diagnosis is invalid for the client's age.
409	Secondary diagnosis is invalid for client's age.
410	Third diagnosis is invalid for client's age.
411	Admit diagnosis is invalid for client's sex.
412	Secondary diagnosis is invalid for client's sex.
413	Third diagnosis is invalid for client's sex.
414	Diagnosis not allowed without medical justification.
415	Certificate of necessity/documentation missing/invalid.
416	Diagnosis not allowed without medical justification.
417	Certificate of necessity/documentation missing/invalid.
418	Detail diagnosis not on file or invalid for dates of service.
419	Detail diagnosis is invalid for client's age.
420	Detail diagnosis is invalid for client's sex.
421	Primary diagnosis cannot be E-codes.
422	Primary diagnosis is invalid for client's age.
423	Primary diagnosis is invalid for client's sex.
424	OPEN
425	Diagnosis code not covered for inpatient place of service for CHIP-B clients.
426	Diagnosis not covered for inpatient CHIP-B claims
427– 499	OPEN

500-599 Days/Dates

Code	Description
500	Header From date of service is missing/invalid.
501	Detail dispense/From date of service is missing/invalid.
502	Admit date is missing/invalid.
503	Header To date of service is missing/invalid.
504	Medicare paid date missing.
505	Medicare paid date is invalid.
506	Primary surgical date missing/invalid/not within admit and to dates.
507	Second surgical date missing/invalid/not within admit and to dates.
508	Third surgical date missing/invalid/not within admit and to dates.
509	Discharge date missing/invalid/inappropriate for patient status.
510	Claim is past 1 year filing limit without proof of prior billing.
511	Header dates of service do not match detail dates of service.
512	Header dates of service cannot span more than 1 calendar year.
513	Detail dates of service cannot span Saturday to Sunday.
513	Detail dates of service cannot span more than 1 month.
514	Detail To date of service is missing/invalid.
516	Claim is past 1 year filing limit without proof of prior billing.
517	Total days stay invalid for dates of service/client status.
518	From and to dates of service do not equal units billed.
519	Leave days not equal to from and to dates of service.
520	Service dates are invalid for the occurrence span dates.
521	Adjusted service date(s) over the 1 year billing limitation without proof of prior billing.
522	Adjusted service date(s) over the 1 year billing limitation without proof of prior billing.
523	From and to dates of service do not equal units billed
524	Thru
599	Open

600-699 Drugs

Code	Description
600	Compound drug manually priced by DHW.
601	NDC is invalid/non-covered/DESI/OTC drug or has no manufacturer rebate.
602	Dispensing fee missing or invalid.
603	Invalid refill indicator/no refills allowed.
604	NDC not payable without justification.
605	NDC not payable without justification.
606	Bill any medical supplies on the appropriate claim form.
607	NDC requires a DAW indicator = to 1.
608	Prescription number missing/invalid.
609	Drug quantity/units is missing/invalid.
610	Quantity is incorrect or missing.
611	Days supply missing or invalid
612	DAW indicator must be blank, 1 or 2.
613	Drug not allowed for nursing home client.
614	Minimum of 2 compound ingredients required
615	DUR Alert - Drug to age interaction
616	DUR Alert - Drug to drug interaction
617	DUR Alert - Drug to disease interaction
618	DUR Alert - Maximum dose for this drug exceeded
619	DUR Alert - Minimum dose for this drug exceeded
620	DUR Alert - Iatrogenic interaction
621	DUR Alert - Therapeutic duplication interaction
622	DUR Alert - Drug under usage
623	DUR Alert - Drug over usage
624	DUR Alert – Overuse Precaution (Early Refill)
625	One or more ingredients of compound non-covered
626	NDC compound ingredient on review
627	Compound ingredient NDC exceeds minimum/maximum on file
628	Valid NDC, quantity, and units of measure, required when billing this procedure code
629	Missing/Invalid Unit of Measure/Qty for NDC billed
630-699	OPEN

700-799 Third Party

Code	Description
700	No payment allowed. Medicare paid amount greater than total billed.
701	Invalid Medicare paid amount.
702	No payment allowed - other insurance greater than total billed.
703	No payment allowed when client is incarcerated without court order.
704	Client has other insurance. Attach other insurance payment or denial.
705	Injury suspect. Please justify no possible third party liability.
706	Open.
707	Header other insurance amount less than sum of TPR detail paid amounts.
708	Employment, auto, accident indicator missing or not equal to 1 - Yes, or 2, No. INACTIVE
709	Accident date is missing or invalid. INACTIVE
710	Medicare payment in client liability field. INACTIVE
711	TPR Injury Suspect - No Supporting Documentation
712	Thru
776	Open
777	CCF was generated for this ICN. Complete a corrected form and return to EDS. INACTIVE
778	Open
779	Thru
799	Open

800-899 Prior Authorization

Code	Description
800	No matching prior authorization on file. Contact authorizing agency w/questions.
801	No matching prior authorization on file. Contact authorizing agency w/questions.
802	No matching prior authorization on file. Contact authorizing agency w/questions.
803	No matching prior authorization on file. Contact authorizing agency w/questions.
804	No matching prior authorization on file. Contact authorizing agency w/questions.
805	No matching prior authorization on file. Contact authorizing agency w/questions.
806	No matching prior authorization on file. Contact authorizing agency w/questions.
807	No matching prior authorization on file. Contact authorizing agency w/questions.
808	No matching prior authorization on file. Contact authorizing agency w/questions. INACTIVE
809	No matching prior authorization on file. Contact authorizing agency w/questions. INACTIVE
810	No matching prior authorization on file. Contact authorizing agency w/questions.
811	No matching prior authorization on file. Contact authorizing agency w/questions.
812	No matching prior authorization on file. Contact authorizing agency w/questions.
813	Open
814	No matching prior authorization on file. Contact authorizing agency w/questions. INACTIVE
815	No matching prior authorization on file. Contact authorizing agency w/questions. INACTIVE
816	No matching prior authorization on file. Contact authorizing agency w/questions.
817	No matching prior authorization on file.
818	Prior authorization number on the claim is exhausted. Contact authorizing agency.
819	Prior authorization number on the claim is exhausted. Contact authorizing agency.
820	Prior authorization on the claim is cancelled. Contact authorizing agency.
821	Prior authorization on the claim is cancelled. Contact authorizing agency.
822	Prior authorization for this claim has been denied. Contact authorizing agency.
823	Prior authorization for this claim has been denied. Contact authorizing agency.
824	Contact authorizing agency.
825	Contact authorizing agency.
826	Professional services require PA – Contact authorizing agency
827	Thru
874	Open
875	Claim requires a PA number. Please rebill claim with appropriate PA number.
876	Claim requires a PA number. Please rebill claim with appropriate PA number.
877	THRU
889	OPEN
890	PA # submitted at header is invalid or not on file
891	PA # submitted at detail is invalid or not on file

900-999 Miscellaneous

Code	Description
900	Quantity/units/missing /invalid.
901	Priced in accordance with Medicaid policy guidelines.
902	Conversion factor amount missing for dates of service.
903	Open
904	Total charges missing/invalid.
905	Admit code missing/invalid.
906	Source of admit required with admit type 1, 2, or 3.
907	Invalid source of admit code.
908	Invalid admit hour.
909	Invalid discharge hour.
910	Place of service code missing/invalid.
911	Bill type is missing/invalid .
912	Bill type 831 requires revenue code 490.
913	Priced in accordance with Medicaid Policy
914	Invalid revenue code for type of bill.
915	Invalid pricing action code on pricing file.
916	Claim header dates overlap your fiscal year end.
917	Open
918	Room revenue code/accommodation rate invalid/not on file.
919	Open
920	Accommodation rate times days does not equal detail billed.
921	From and To dates of service must be within same month.
922	Open
923	Occurrence code invalid. INACTIVE
924	Open
925	Open
926	Claim corrections not allowed on electronic adjustment requests
927	Occurrence date is missing/invalid. INACTIVE
928	Condition code invalid. INACTIVE
929	Units billed are under the minimum or over the maximum required.
930	SER code invalid for claim type.
931	Occurrence span code must be X0 for Home Health claims.
932	Unable to process claim. Rebill claim with all necessary corrections.
933	No more than one patient liability amount allowed.
934	Adjustment requests cannot be processed on denied or voided claims
935	Bill non-covered Medicare services separately with attached Medicare denial EOB.
936	Thru
999	Open

A01-99	
A01	Exact duplicate of a previously submitted claim.
A02	Suspect duplicate of a previously submitted claim.
A03 through A18	OPEN
A19	Adult Residential Care (0661P) limited to once per day
A20	A5119 limited to 3 per month
A21	A7045 limited to 1 every 3 months
A22	A4605 limited to 10 per month
A23	Code 0090A or S0215 Limited to 400 Miles Per Day
A24	E0550 purchase allowed once every 5 years
A25	Overuse precaution (Early Refill) - Paper and Batch
A26	K0627 limited to 1 every 5 calendar years
A27	Parental Feeding Kits limited to 31 per calendar month
A28	99450 or 99080 limited to 2 per calendar year
A29	E0300 limited to 1 every 5 years
A30	E0301 limited to 1 every 5 years
A31	E0302 limited to 1 every 5 years
A32	Drug delivery systems limited to 120 per month
A33	A4306 limited to 120 per month INACTIVE
A34	Ostomy pouches limited to 60 per month
A35	Procedure B9998 limited to 2 per month
A36	Procedure B4086 limited to 2 per month
A37	Protective underpads limited to 2 per month
A38	Reusable diaper/brief limited to 2 per month
A39	Procedure A4510 limited to 2 per month
A40	Procedure A4500 limited to 2 per month
A41	Procedure A4495 limited to 2 per month
A42	Procedure A4490 limited to 2 per month
A43	Procedure A4535 limited to 240 per month.
A44	Procedure code E0245 limited to every 5 rolling years.
A45	A7038 Disposable filter limited to 2 per calendar month
A46	Only 32 Coordinated Care units allowed per calendar year
A47	Only 48 Coordinated Care units allowed per calendar year
A48	Procedure code E0162 limited to 1 every 5 years
A49	Procedure code E0161 limited to 1 every 5 years
A50	Monthly ESRD related services limited to 1 a month
A51	Procedures 90935 & 90937 limited to 3 units within a 7 day period.
A52	Multiple surgeries same day require report.
A53	Procedure S4993 limited to 3 units per 74 days.
A54	New DME and medical supplies greater than \$100/month per client require PA.
A55	Claim in excess of 36 leave days to home per year.
A56	Claim in excess of 15 leave days to home per year.
A57	Glucose monitor limited to 1 every 5 years.
A58	Only one dispensing fee allowed for maintenance drugs every 25 days.
A59	Dental extraction same tooth performed once in a lifetime.
A60	Complete upper dentures allowed once every 5 years.
A61	Complete lower dentures allowed once every 5 years.
A62	Partial upper dentures allowed once every 5 years.
A63	Partial lower dentures allowed once every 5 years.
A64	Full mouth X-rays allowed every 3 years.

A01-99	
A65	Only 15 periodontal X-rays allowed per year.
A66	One Clozapine (Clozaril) care coordination per calendar week.
A67	Only 2 chiropractic manipulations allowed per calendar month.
A68	Briefs for children limited to 240/month.
A69	On-going care allowed once per calendar month.
A70	100 home health visits allowed per calendar year.
A71	Physical therapy limited to 25 visits from 7/1/2000 – 12-31-2000.
A72	Psyche eval/diagnostic services limited to 12 hours/year.
A73	Group/Ind. therapy limited to 45 hours/year.
A74	Speech/hearing therapy limited to 250 session/year.
A75	Partial care limited to 56 hours/week.
A76	Dev/occupational therapy limited to 30 hours/week.
A77	Physical therapy limited to 25 visits per calendar year.
A78	Hospice allowed only 5 respite days per calendar month.
A79	Client exceeded 6 emergency room visits per calendar year.
A80	Only 2 family social service visits allowed during pregnancy.
A81	Only 2 nutritional visits allowed during pregnancy.
A82	Only 2 nursing visits allowed during pregnancy.
A83	Maximum of 9 maternity nursing visits allowed during pregnancy.
A84	Only 1 care plan allowed per covered maternity period.
A85	Only 1 Presumptive Eligibility determination allowed per pregnancy.
A86	Norplant limited to 1 every 5 years.
A87	Only one OB delivery in a seven month period.
A88	Only 1 E&M visit allowed per day without justification.
A89	2 Tonometry exams allowed per year or 1 eye exam and 1 tonometry.
A90	Only 1 eye exam allowed per year without justification.
A91	Only 1 eyeglass frame allowed every 4 years for client's over age 21.
A92	Hearing aid batteries are limited to 3 pkg within a 3 month period.
A93	Only 1 dispensing fee allowed for eyeglasses per rolling year.
A94	Procedure performed once in a lifetime.
A95	Only 1 periodic dental exam allowed every 6 months.
A96	Only 1 dental prophylaxis allowed every 6 months.
A97	Only 1 fluoride application allowed every 6 months.
A98	Only 8 bitewing X-rays allowed every 6 months.
A99	Only 1 single film X-ray allowed every 6 months.

B01-99	
B01	Only 1 comprehensive oral exam allowed every 12 months.
B02	Only 1 full mouth perioscaling allowed every 12 months.
B03	Only 1 quadrant perioscaling allowed every 12 months.
B04	Only 1 gingival/root planing allowed every 12 months.
B05	Only 1 amalgam restoration same tooth/surface every 2 years.
B06	Only 1 composite restoration same tooth/surface every 2 years.
B07	Review multiple amalgam restorations same tooth/same day.
B08	Review multiple composite restorations same tooth/same day.
B09	Only 1 crown restoration allowed per tooth per day.
B10	Only 1 orthodontic adjustment fee/month.
B11	Multiple emergency room visits same day require justification.
B12	Linde walker rental limited to 1/month. INACTIVE
B13	Only 1 pre-natal lab procedure allowed in a 9 month period.
B14	Only 1 pair eyeglasses per year except replacements.
B15	Only 1 pair eyeglass frames per year (under age 21) except replacements.
B16	Only 1 family planning visit per calendar year.
B17	Only 3 hearing exams for hearing aids per lifetime.
B18	Only 2 hearing aid checks per lifetime.
B19	Adult briefs/underpads limited to 180/month.
B20	Only intermediate admit allowed when prior comprehensive admit billed in 6 months. INACTIVE
B21	Only 1 periodontal maintenance allowed in a 3 month period
B22	Only 1 wheelchair purchase allowed every 5 years.
B23	Only 1 oversight visit/day for Agency or Individual provider.
B24	Panoramic survey allowed once within a rolling 3-year period.
B25	Procedure code 0515P or G9002 limited to 32 units/month.
B26	Procedure code 8252A or G9001 limited to 1/month.
B27	Procedure code 8259A or G9002 limited to 1/month.
B28	Procedure code 9361P or G9001 limited to 1/month.
B29	Procedure code 9362P or G9002 limited to 1/month.
B30	Only 3 Indian Health encounters per day without justification.
B31	Only 1 Rural Health/FQHC encounter per day without justification
B32	Procedure codes 0250B, 0600B, 0601B, 0681B, 0701B limited to 1/day
B33	Procedures 0574B, 0581B, 0582B, 0583B, and 0584B limited to 191 hours/calendar month.
B34	Procedure code 0909B limited to 25 units/day.
B35	Procedure code 5003S limited to 20 hours per week.
B36	Procedure code 5005S limited to 20 hours per week.
B37	Procedure code 0225B limited to 96 units per calendar month.
B38	Procedure code 5003H or H2017 limited to 20 Hours/week.
B39	Procedure code 5005H or H2014 limited to 20 Hours/week.
B40	Procedure code 76092 or 76083 limited to 1 per year over age 40
B41	Cystoscopy Procedure codes are limited to 1 per day
B42	Procedure code 93268 limited to 1/30 day period.
B43	Rentals limited to maximum of 10 rolling months.
B44	Only 2 Established patient visits for routine O.B. care.
B45	Anesthesia Services limited to once/day without justification.
B46	No more than 3 consecutive LOA days allowed.
B47	Only 2 E&M codes allowed with diagnosis 110.1 per calendar year.
B48	Only 2 E&M codes allowed with diagnosis 110.4 per 60 days.
B49	Debridement of nails allowed once every 60 days.
B50	Code 0090A or S0215 is limited to 20 miles per day
B51	Code 0095A or S0215 is limited to 20 miles per day.

B01-99	
B52	Only 1 influenza shot per year.
B53	Only 1 nurse oversight (PDN) per day.
B54	Only 2 nutritional visits allowed per year (under 21).
B55	Hourly respite care limited to 24 units per day.
B56	Supported Employment Services limited to 160 units/week.
B57	Only 1 PERS installation allowed per client residence
B58	Only 1 PERS fee allowed per calendar month per client.
B59	No more than 62 home delivered meals payable per calendar week.
B60	Refitting earmolds/ hearing aids every 48 months for client's over age 22
B61	Denture placement includes adjustments for first 6 months
B62	Sealants allowed every 3 years for ages 0-21.
B63	Only 1 denture reline every 2 years after first reline.
B64	Only 1 non-tech care service allowed same day.
B65	Hearing aid purchase allowed once in a lifetime for client's over age 22.
B66	Only 1 additional year of insurance allowed with hearing aid purchase.
B67	1 new patient visit allowed every 3 years.
B68	Hearing aid insurance payable once in a Lifetime for client's over age 22
B69	Only 1 nurse supervisory visit per calendar month.
B70	Only 1 nurse supervisory care evaluation every 11 months.
B71	Procedure 0902B limited to 27 units/month.
B72	Procedure 0900B limited to 27 units/month
B73	Maximum of 2 units for A0420 same day.
B74	Two admits not allowed same day without justification.
B75	Only 1 new patient visit allowed per year.
B76	Procedure code 0324E limited to 1 every 5 years.
B77	Procedure code 0325E limited to 1 every 5 years.
B78	Procedure code 0331E limited to 1 every 5 years.
B79	Procedure code 0332E limited to 1 every 5 years.
B80	Procedure code 0333E limited to 1 every 5 years.
B81	Procedure code 0335E limited to 1 every 5 years.
B82	Procedure code 0336E limited to 1 every 5 years.
B83	Procedure code 0363E limited to 1 every 5 years.
B84	Procedure code 0364E limited to 1 every 5 years.
B85	Procedure code 0904E limited to 1 every 5 years.
B86	Procedure code 0366E limited to 1 every 5 years.
B87	Procedure code 0367E limited to 1 every 5 years.
B88	Procedure code 0382E limited to 1 every 3 years.
B89	Procedure code 0383E limited to 1 every 3 years.
B90	Procedure code 0384E limited to 1 every 3 years.
B91	Procedure code 0385E limited to 1 every 3 years.
B92	Procedure code 0132E limited to 1 every 5 years.
B93	Procedure code 0311E limited to 1 every 3 years.
B94	Procedure code 0312E limited to 1 every 3 years.
B95	Procedure code 0313E limited to 1 every 5 years.
B96	Procedure code 0314E limited to 1 every 5 years.
B97	Procedure code 0315E limited to 1 every 5 years.
B98	Procedure code 0316E limited to 1 every 5 years.
B99	Procedure code 0317E limited to 1 every 5 years.

C01-99	
C01	Procedure code 0318E/E1399 limited to 1 every 5 years.
C02	Procedure code 0319E/E1399 limited to 1 every 5 years.
C03	Procedure code 0320E/E1399 limited to 1 every 5 years.
C04	Procedure code 0321E/E1399 limited to 1 every 5 years.
C05	Procedure code 0360E/E1399 limited to 1 every 3 years.
C06	Procedure code 0361E/E1399 limited to 1 every 3 years.
C07	Procedure code 0362E/E1399 limited to 1 every 3 years.
C08	Briefs limited to 240 per month.
C09	Underpads limited to 150 per month.
C10	Individual Diabetes counseling limited to 12 hours per 5 years.
C11	Group Diabetes counseling limited to 24 hours per 5 years.
C12	Only 1 inpatient visit allowed per day.
C13	Only 1 immunization administration fee allowed per day.
C14	Only 2 psychotherapy visits payable per day.
C15	Medicare covered dialysis for ESRD after 90 days from initial diagnosis.
C16	Pain management is limited to 5 times per 5 day period
C17	This procedure is limited to once per day.
C18	This procedure is limited to once per day.
C19	Daily breast pump rental is limited to 14 days.
C20	Monthly breast pump rental is limited to 12 months. INACTIVE
C22	Procedure code D8670 is limited to 12 times per calendar year.
C23	Crowns limited to 1 per tooth every 24 month period
C24	Only 8 Hrs of on going MH case management allowed per calendar month eff 4-28-03
C25	Immunization administration fee (90471) limited to 1 per day.
C26	Fixed route city bus pass limited to once per calendar month.
C27	Bilirubin lights are limited to a 7-day rental period.
C28	DME Equipment/Supplies limited to 2 per month.
C29	Only one type of case management payable per year. INACTIVE
C30	Mental Health Assessment limited to 6 hrs per calendar year
C22	Procedure code D8670 is limited to 12 times per calendar year.
C31	Supplies for maintenance drug (A4221) limited to 1 time per calendar week.
C32	Occlusal adjustments are limited to 1 per rolling year.
C33	Procedure 90993 limited to 25 per lifetime.
C34	Code 59425 is antepartum global. See provider handbook for billing instructions.
C35	Code 59426 is antepartum global. See provider handbook for billing instructions.
C36	Only 1 anesthesia procedure for delivery allowed within a rolling 9-month period.
C37	Adult Day Care is limited to 14 hours per day.
C38	Only 24 chiropractic manipulations per calendar year.
C39	Only 2 units of A7503 allowed per month.
C40	Detailed oral evaluation limited to 1 per 12-month period
C41	Procedure code 99091 is limited to 1 per 30-day period.
C42	RX in excess of 4/calendar month need approval by Medicaid INACTIVE
C43	Procedure code J1055 limited to 1 every 75 days.
C44	Procedure code J1056 limited to 1 per rolling month.
C45	Procedure J7302 is limited to 1 every 5 rolling years.
C46	Procedure A4402 limited to 8 units per calendar month.
C47	Procedure A4357 limited to 2 units/rolling month INACTIVE
C48	Procedure E2100 limited to 1 unit per 5 rolling years.
C49	Procedure E2101 limited to 1 unit per 5 rolling years.
C50	Procedures S8100 & S8101 are limited to 1 unit per 6 rolling months.
C51	Procedure E2000 is limited to 1 unit every 3 rolling years
C52	Procedure A4253 is limited to 5 units per calendar month

C53	Procedure A4327 is limited to 5 units per calendar month
C54	Urinary catheters are limited to 5 units per calendar month
C55	Breast pump rental is limited to 2 rolling months.
C56	Procedure A4254 is limited to 1 unit per calendar month.
C57	Procedure A4255 is limited to 1 unit per calendar month.
C58	Procedure A4256 is limited to 1 unit per calendar month.
C59	Procedure A4334 is limited to 1 unit per calendar month.
C60	Procedure A4357 is limited to 2 units per calendar month.
C61	Procedure A4367 is limited to 1 unit per calendar month.
C62	Procedure A4619 is limited to 1 unit per calendar month.
C63	Procedure A4621 is limited to 1 unit per calendar month.
C64	Ostomy skin barriers are limited to 4 units per calendar month.
C65	Ostomy barriers with flange are limited to 20 units per calendar month
C66	Ostomy pouches are limited to 20 units per calendar month.
C67	Tape is limited to 40 units per calendar month.
C68	Additions to Ostomy Pouches are limited to 20 units per calendar month
C69	Incontinence appliances/supplies are limited to 1 unit per calendar month.
C70	Procedure A4356 is limited to 1 unit every 3 rolling months.
C71	Procedure A4258 is limited to 1 unit every 6 rolling months.
C72	Procedure A4361 is limited to 3 units every 6 rolling months.
C73	Enteral feeding kits limited to 31 per calendar month
C74	Procedure A4328 is limited to 31 units per calendar month
C75	Tubing is limited to 3 units every 3 rolling months
C76	Male external catheters are limited to 35 units per calendar month
C77	Procedure A4364 is limited to 4 units per calendar month
C78	Procedure A4397 is limited to 5 units per calendar month
C79	Procedure A4398 is limited to 2 units per 6 rolling months.
C80	Procedure A4399 is limited to 2 units per 6 rolling months.
C81	Procedure A4404 is limited to 10 units per calendar month.
C82	Procedure A4348 is limited to 2 units per calendar month.
C83	Procedure A4358 is limited to 2 units per calendar month.
C84	Procedure A4595 is limited to 2 units per calendar month.
C85	Procedure A4455 is limited to 16 units per 6 rolling months.
C86	Procedure A4365 is limited to 20 units per calendar month.
C87	Clinic encounter visits are limited to 2 per day.
C88	Dental encounter visits are limited to 1 per day
C89	Procedure code 0226B or H2019 limited to 96 units per calendar month.
C90	Procedure A6432 is limited to 4 units every 3 rolling months.
C91	Procedure A6434 is limited to 4 units every 3 rolling months.
C92	Procedure A3436 is limited to 4 units every 3 rolling months.
C93	Procedure A6438 is limited to 1 unit per calendar month.
C94	Procedure code B4224 is limited to 31 units per calendar month.
C95	Procedure code D4210 limited to 1 per year
C96	Procedure code D0460 limited to 1 per day
C97	Procedure code V5266 limited to 4 per calendar month
C98	Procedure code E0154 limited to 2 every 5 calendar years
C99	Procedure code E0160 limited to 1 every 5 rolling years

D01-99	
D01	Procedure code 8196A not allowed unless procedure 8195A is in history.
D02	Procedure code 0515P not allowed unless procedure 0516P is in history.
D03	Single allergy injections cannot be billed same day as multiple allergy injections.
D04	Multiple allergy injections cannot be billed same day as single allergy injections.
D05	E&M procedure not allowed same day as allergy injection.
D06	E&M procedure not allowed same day as allergy injection.
D07	Eye exam includes refraction.
D08	Refraction is included in Eye exam
D09	Eye exam includes tonometry.
D10	Tonometry is included in eye exam
D11	Chemotherapy includes I.V. insertion. INACTIVE
D12	I.V. insertion is included in Chemotherapy. INACTIVE
D13	Service dates for home health claim overlap hospice claim.
D14	Service dates for hospice claim overlap home health claim
D15	Bitewing X-rays not allowed within 30 days of full mouth X-ray.
D16	Full mouth X-ray not allowed within 30 days of bitewing X-rays.
D17	Surgical procedure includes cast removal or reapplication.
D18	Cast removal or reapplication included in the surgical procedure.
D19	Procedure is included in FQHC encounter code
D20	FQHC encounter code includes procedure
D21	D1201 Includes D1120 and/or D1203 if billed within 6 months.
D22	D1120 and/or D1203 are included in D1201 if billed within 6 months.
D23	Root canals include pulpotomy within a 2 day period.
D24	Pulpotomy is included in root canals within a 2 day period.
D25	Routine newborn admit/discharge not payable same day as routine newborn care.
D26	Routine newborn care is not payable same day as routine newborn admit/discharge.
D27	Critical care includes this procedure.
D28	This procedure is included in Critical care.
D29	Oxygen delivery system includes oxygen supplies.
D30	Oxygen supplies are included in oxygen delivery system
D31	Post-op care is included in surgical procedure.
D32	Surgical procedure includes Post-op care.
D33	Care coordination is included in psychotropic/med management.
D34	Psychotropic/med management includes care coordination
D35	Preventive medicine includes hearing and eye exams.
D36	Hearing and eye exams are included in preventive medicine
D37	Preventive Medicine & Counseling procedure codes not allowed on same day.
D38	Counseling & Preventive Medicine procedure codes not allowed on same day.
D39	Total OB care includes ante and post-partum care.
D40	Ante and post-partum care is included in total OB care.
D41	Physical medicine includes E&M codes billed same day without justification.
D42	E&M codes are included in physical medicine billed same day without justification.
D43	Comprehensive ER/E&M code already paid. Please submit an adjustment to recoup previous payment
D44	Comprehensive admit already paid. Please resubmit with appropriate intermediate ER/E&M code
D45	Insertion of IUD includes E&M codes.
D46	E&M codes are included in insertion of IUD.
D47	Major procedure includes dilation of esophagus.
D48	Dilation of esophagus is included in major procedure.
D49	Major procedure includes dilation of urethra.
D50	Dilation of urethra is included in major procedure.
D51	Major procedure includes dilation of vagina.

D01-99	
D52	Dilation of vagina is included in major procedure.
D53	Major procedure includes dilation of Cervical Canal.
D54	Dilation of Cervical Canal is included in Major procedure.
D55	Asterisk procedure includes E&M codes same day without justification.
D56	E&M codes are included in Asterisk procedure same day without justification.
D57	Cast removal or repair includes E&M codes.
D58	E&M codes are included in cast removal or repair.
D59	Cast application included in surgical procedure.
D60	Surgical procedure includes cast application.
D61	Advanced life support includes basic life.
D62	Basic life is included in advanced life support.
D63	Major procedure includes 58720.
D64	58720 is included in Major procedure.
D65	Service dates for home health claim overlap professional claim.
D66	Service dates for professional claim overlap home health claim.
D67	CBC panel includes component codes.
D68	Component codes included in CBC panel.
D69	E&M Codes not allowed when billing frames & lenses.
D70	Frames & lenses not allowed when billing E&M Codes.
D71	Component codes included in lab panel 80050.
D72	Lab panel 80050 includes component codes.
D73	Component codes included in lab panel 80055.
D74	Lab panel 80055 includes component codes.
D75	Component codes included in lab panel 80058.
D76	Lab panel 80058 includes component codes.
D77	Component codes included in lab panel 80059.
D78	Lab panel 80059 includes component codes.
D79	Component codes included in lab panel 80061.
D80	Lab panel 80061 includes component codes.
D81	Component codes included in lab panel 80072.
D82	Lab panel 80072 includes component codes.
D83	Component codes included in lab panel 80090.
D84	Lab panel 80090 includes component codes.
D85	Component codes included in lab panel 80091.
D86	Lab panel 80091 includes component codes.
D87	Component codes included in lab panel 80092.
D88	Lab panel 80092 includes component codes.
D89	Initial service coordination not payable same day as ongoing care.
D90	Ongoing care not allowed same day as Service Coordination.
D91	Procedure 0571B not allowed same day as procedure 0572B.
D92	Procedure 0572B not allowed same day as procedure 0571B.
D93	Procedure code 0681B not allowed same day as 0580B, 0581B, 0582B, 0583B, and 0584B.
D94	Procedures 0580B, 0581B, 0582B, 0583B, and 0584B not allowed same day as procedure 0681B.
D95	Procedure code 0240B/T1005 not allowed same day as 0250B/S9125.
D96	Procedure code 0250B/S9125 not allowed same day as 0240B/T1005.
D97	Procedure code 0140B/T1001 not allowed same days as 0150B/T1001.
D98	Procedure code 0150B/T1001 not allowed same days as 0140B/T1001.

E01-99	
E01	Procedure code 0714V not payable with procedures 92340 or 92341.
E02	Procedures 92340 or 92341 not payable with procedure code 0714V.
E03	Respite procedure codes 0240B and 0250B not allowed same day as Res/Hab. - INACTIVE
E04	Respite procedure codes 0240B and 0250B not allowed same day as Res/Hab. - INACTIVE
E05	Hourly Res/Hab procedures not allowed sme day as daily Res/Hab.
E06	Hourly Res/Hab procedures not allowed sme day as daily Res/Hab.
E07	PCS services not payable unless RN evaluation in history. – INACTIVE
E08	RN evaluation must be billed prior to PCS services. – INACTIVE
E09	Procedure codes 19120-19240 include 19100-19101.
E10	Procedure codes 19100-19101 are included in 19120 through 19240.
E11	Procedure code 36520 includes E&M codes.
E12	E&M codes are included in procedure code 36520.
E13	Procedure code 93015 includes 93016, 93017, 93018.
E14	Procedures 93016, 93017, 93018 are included in 93015.
E15	Procedure codes 92995 and 92996 include 92982 and 92984.
E16	Procedures 92982 and 92984 are included in 92995 and 92996.
E17	These codes cannot be billed together, see provider handbook.
E18	These codes cannot be billed together, see provider handbook.
E19	Service dates for nursing home claim overlap home health claim.
E20	Service dates for home health claim overlap nursing home claim.
E21	Service dates for nursing home claim overlap inpatient or hospice claim.
E22	Service dates for inpatient or hospice claim overlap nursing home claim.
E23	Service dates for outpatient claim overlap CMS 1500 claim.
E24	Service dates for CMS 1500 claim overlap outpatient claim.
E25	Service dates for outpatient claim overlap inpatient claim.
E26	Service dates for inpatient claim overlap outpatient claim.
E27	Service dates for inpatient claim overlap home health claim.
E28	Service dates for home health claim overlap inpatient claim.
E29	Hearing aid purchase includes 2 years of repairs.
E30	2 years repairs included in hearing aid purchase
E31	HCPC code A4550 includes code A4649.
E32	HCPC code A4649 included in code A4550.
E33	Rural health encounter code includes lab charges.
E34	Lab charges included in rural health encounter code.
E37	D0150 not allowed same day as D0120 by the same provider.
E38	D0120 not allowed same day as D0150 by the same provider.
E39	58565 includes 58555 or 58700 same day
E40	58555 or 58700 included in 58565 same day
E41	Psychiatric Diagnostic & Evaluation visits include the E&M visit.
E42	Office visit included in psychiatric diagnostic & evaluation.
E43	Hospital admission includes a psychiatric diagnostic evaluation.
E44	Psychiatric diagnostic evaluation included in hospital admission.
E45	Dialysis includes an E&M visit on the same day.
E46	Office visit included in dialysis services.
E47	Procedure Code 90805 includes 90804
E48	Procedure Code 90804 included 90805
E49	Procedure Code 90807 includes 90806
E50	Procedure Code 90806 included 90807
E51	Procedure Code 90809 includes 90808
E52	Procedure Code 90808 included 90809
E53	Procedure Code 90811 includes 90810

E01-99	
E54	Procedure Code 90810 included 90811
E55	Procedure Code 90813 includes 90812
E56	Procedure Code 90812 included 90813
E57	Procedure Code 90815 includes 90814
E58	Procedure Code 90814 included 90815
E59	Procedure Code 90817 includes 90816
E60	Procedure Code 90816 included 90817
E61	Procedure Code 90819 includes 90818
E62	Procedure Code 90818 included 90819
E63	Procedure Code 90822 includes 90821
E64	Procedure Code 90821 included 90822
E65	Procedure Code 90824 includes 90823
E66	Procedure Code 90823 included 90824
E67	Procedure Code 90827 includes 90826
E68	Procedure Code 90826 included 90827
E69	Procedure Code 90829 includes 90828
E70	Procedure Code 90828 included 90829
E71	Only 1 immunization administration fee allowed per day
E73	Panel code 80048 includes this component code.
E74	This component code included in panel 80048.
E75	Panel code 80053 includes this component code.
E76	This component code included in panel 80053.
E77	Panel code 80069 includes this component code.
E78	This component code included in panel 80069.
E79	Panel code 80074 includes this component code.
E80	This component code included in panel 80074.
E81	Panel code 80076 includes this component code.
E82	This component code included in panel 80076.
E83	Denture placement includes adjustments for first 6 months.
E87	D9110 not allowed same day as D3310, D3320, & D3330 same provider.
E88	D3310, D3320, & D3330 not allowed same day as D9110 same provider.
E89	New patient visit not allowed when established patient visit has been paid in last 3 years.
E90	IBI Consultation not allowed same day as Collateral Contac
E91	Collateral Contact not allowed same day as IBI Consultation
E92	Procedure code 76818 not allowed same day as 59025.
E93	Procedure code 59025 not allowed same day as 76818.
E94	Procedure code 90993 not allowed same day as 90989.
E95	Procedure code 90989 not allowed same day as 90993.
E96	Service dates for professional claim overlap professional crossover claim.
E97	Service dates for professional crossover claim overlap professional claim.
E98	Service dates for outpatient claim overlap institutional crossover Part B.
E99	Service dates for institutional crossover Part B overlap outpatient claim

F00-99	
F00	No header claim level explanation of benefit
F01	No detail claim level explanation of benefit
F02	Feeding supply kits include tubing - INACTIVE
F03	Tubing is included in feeding supply kit - INACTIVE
F04	Encounter code includes procedure
F05	Procedure is included in encounter code
F06	Procedure D3221 not allowed same day as endodontic procedure.
F07	Procedure D3221 not allowed same day as endodontic procedure.
F08	Free vaccine administration includes procedure 90472.
F09	Procedure 90472 is included in free vaccine administration code.
F10	Procedure code 93580 includes 93501, 93529-93533, 93539 and 93555.
F11	Procedures 93501, 93529-93533, 93539 or 93555 are included in 93580.
F12	52351 not allowed same day as 52352.
F13	52352 not allowed same day as 52351.
F14	36819 includes 36818, 36820, 36821 & 36830
F15	This procedure included in 36819
F16	36818 includes 36819, 36820, 36821 & 36830
F17	This procedure included in 36818

G01-99	
G01	Service not allowed when client is inpatient hospital, nursing home, or hospice.
G02	Service dates for CMS 1500 claim overlap inpatient claim.
G03	ASC/assist procedure must match primary provider.
G04	ASC/assist procedure must match primary provider.
G05	PDN oversite visit not allowed same day as RN visit.
G06	RN visit not allowed same day as PDN oversite visit. – INACTIVE
G07	Only 1 eye exam paid same day.
G08	Only 1 eye exam paid same day.
G09	This procedure is included in the surgical procedure.
G10	Surgical procedure includes this procedure.
G11	Nursing Service/HH visit not allowed same day as PDN visit.
G12	Nursing Service/HH visit not allowed same day as PDN visit.
G13	Neonatal intensive care include this procedure.
G14	This procedure is included in neonatal intensive care.
G15	Procedure 0280B/S5160 includes 0290B/S5161 if billed within same month.
G16	Procedure 0290B/S5161 is included in 0280B/S5160 if billed within same month.
G17	Panel code 80051 includes the component codes.
G18	Component codes included in panel code 80051.
G19	ASC surgical procedure includes fee for intraocular lens.
G20	Fee for intraocular lens is included in ASC surgical procedure.
G21	Major procedure includes sinus endoscopy.
G22	Sinus endoscopy is included in Major procedure.
G23	Panel code 80054 includes the component codes.
G24	Component codes included in panel code 80054.
G25	Panel code 80400 includes component code 82533.
G26	Component code 82533 included in panel code 80400.
G27	Panel code 80402 includes codes 82533 and 83498.
G28	Procedure codes 82533 and 83498 included in panel code 80402.
G29	Panel code 80406 includes component code 82533.
G30	Component code 82533 included in panel code 80406.
G31	Panel code 80408 includes codes 82088 and 84244.
G32	Component codes 82088 and 84244 included in panel code 80408.
G33	Panel code 80410 includes component code 82308.
G34	Component code 82308 included in panel code 80410.
G35	Panel code 80412 includes component codes 82533 and 82024.
G36	Component codes 82533 and 82024 included in panel code 80412.
G37	Panel code 80414 includes component code 84403.
G38	Component code 84403 included in panel code 80414.
G39	Panel code 80415 includes component code 82670.
G40	Component code 82670 included in panel code 80415.
G41	Panel code 80416 includes component code 84244.
G42	Component code 84244 included in panel code 80416.
G43	Panel code 80417 includes component code 84244
G44	Component code 84244 included in panel code 80417.
G45	Panel code 80418 includes the component codes.
G46	Component codes included in panel code 80418.
G47	Panel code 80420 includes the component codes.
G48	Component codes included in panel code 80420.
G49	Panel code 80422 includes component codes 82947 and 83525
G50	Component codes 82947 and 83525 included in panel code 80422.
G51	Evaluation & management includes the immunization administration fee.

G01-99	
G52	Immunization administration included in evaluation & management.
G55	Panel code 80428 includes component code 83003.
G56	Component code 83003 included in panel code 80428.
G59	Panel code 80432 includes the component codes.
G60	Component codes included in panel code 80432.
G63	Panel code 80435 includes component codes 82533 and 82947.
G64	Component codes 82533 and 82947 included in panel code 80435.
G65	Panel code 80436 includes component codes 82533 & 82364.
G66	Component codes 82533 & 82364 included in panel code 80436.
G69	Panel code 80440 includes component code 84146.
G70	Component code 84146 included in panel code 80440.
G71	Panel code 80049 includes the component codes.
G72	Component codes included in panel code 80049.
G75	Osteopath manipulation included E&M codes.
G76	E&M codes included in osteopath manipulation.
G77	Physical medicine includes modalities and/or treatment.
G78	Modalities and/or treatment included in physical medicine.
G79	Observation care includes E&M by same provider, same day.
G80	E&M not allowed same day as observation care by same provider
G81	Daily breast pump rental not allowed same day as monthly rental.
G82	Monthly breast pump rental not allowed same day as daily rental
G83	Observation care includes observation discharge, same day.
G84	Observation discharge included in observation care, same day.
G85	Admit includes observation discharge, same day.
G86	Observation discharge included in admit, same day.
G87	Procedure code 76092 is not allowed when billed same day as G0202.
G88	Procedure code 76092 is not allowed when billed same day as G0202.
G89	Procedure code 76091 is not allowed when billed same day as G0204.
G90	Procedure code 76091 is not allowed when billed same day as G0204.
G91	Procedure code 76090 is not allowed when billed same day as G0206.
G92	Procedure code 76090 is not allowed when billed same day as G0206.
G93	Procedure code 99091 is included in E&M visit same day.
G94	Procedure code 99091 is included in E&M visit same day.
G95	Lunelle not allowed when billed within 75 days of depo-provera
G96	Lunelle not allowed when billed within 75 days of depo-provera
G97	Procedure not allowed for 5 calendar years after Mirena IUD insertion
G98	Procedure not allowed for 5 calendar years after Mirena IUD insertion

K00-99	
K01	Client not 21 years old when sterilization consent form was signed.
K02	Phys statement not signed within time limit-3 days prior-anytime after procedure.
K03	Sterilization consent form not attached. Resubmit claim with consent form.
K04	Sterilization not payable for mentally incompetent.
K05	Sterilization consent form not signed 30 days prior to surgery.
K06	The original sterilization consent form was incorrect-payment cannot be made.
K07	The witness portion of the sterilization consent is incomplete/invalid.
K08	Date of service on claim and sterilization consent must match.
K09	MID # has been changed. please use on all future claim submissions INACTIVE
K10	Client only covered for pregnancy related services.
K11	MID number is not in the correct field on the claim form
K12	Sterilization consent form was signed more than 180 days prior to the surgery
K13	Client is not eligible for ante or post-partum care--delivery only
K14	Client eligible for emergency services only.
K15	Sterilization/Hysterectomy consent form not legible.

L00-99	
L00	New System non-pilot provider, resubmit claim in old system.
L01	Performing provider not certified to bill for this service.

M00-99	
M00	Rural percentage applied to hospice pricing
M01	Urban percentage applied to hospice pricing
M02	Physician extender percentage applied to claim pricing.
M03	Place of service percentage applied to claim pricing.
M04	Additional anesthesia units added for modifier and included in pricing.
M05	Paid according to Medicaid allowed amount.
M06	Encounter claim priced from billed amount.
M07	Paid according to prior authorized amount.
M08	Third party payment is greater than total allowed amount. No payment allowed.
M09	Third party payment applied to detail.
M10	Client contribution amount applied to detail.
M11	Patient liability exceeds total billed. No payment allowed.
M12	Patient liability amount deducted.
M13	Billed amount does not include dispensing fee.
M14	Paid amt - lesser of Medcr billed, Medcd allowed, Medicaid allowed minus other ins
M15	Payment reduced by Co-Pay

N00-99	
N00	List description of drug and/or dosage.
N01	Please rebill as a compound.
N02	Rebill with a copy of the prescription. Receipt is not adequate documentation.
N03	Amount billed to quantity shown is questionable.
N04	Claim requires place of administration documentation.
N05	Drug Name and NDC do not match.
N06	Legend prenatal vitamins are authorized only for pregnant or lactating women.
N07	Quantity billed doesn't match NDC description
N08	When J2790 is billed it must have the NDC on the claim.
N09	Betaseron is supplied at no cost after 10 consecutive months.
N10	This drug is included in Hospice Care.
N11	Equivalent product available over the counter.
N12	Dosage inappropriate. More appropriate dosage available at less cost.
N13	Resubmit claim with quantity, NDC, drug name and dosage.
N14	Prescription with diagnosis needed to justify dosage.
N15	Compound NDC missing, invalid, or illegible.
N16	Min/Max quantity not DHW approved for date(s) of service billed.
N17	Days supply reduced to comply with 34day limitation.

P00-99	
P00	The services on this claim require an attached receipt
P01	Units cutback in accordance with Medicaid Policy
P02	Rev code changed to semi-private code, justification required
P03	List description of supplies used
P04	Duplicate of another line on same claim
P05	Payment made to radiology/clinical lab
P06	Included in flat fee for major service/procedure(s)
P07	A copy of invoice for supply is required
P08	Resubmit with appropriate CPT/HCPC code for this procedure
P09	Service not covered for this diagnosis
P10	Please attach a report when billing unlisted procedures
P11	Services are not payable when client is hospitalized or in a nursing home
P12	Procedure must be billed by and paid to the provider of service
P13	TC/26 modifier has been paid. Bill with appropriate modifier
P14	Dates of service of the initial, 1 st , and 2 nd OB visits must be noted on claim
P15	Both co-surgeons claims must be billed at same time to be processed
P16	Non-physician services are not covered by Medicaid
P17	Document provider number of NH where service rendered
P18	Oral medications must be billed by a pharmacy
P19	Diagnosis not allowed with this procedure
P20	Reviewed by Medical Consultant and denied
P21	Procedure does not match description
P22	The procedure/modifier combination is not allowed
P23	Your invoice or notation is incomplete.
P24	Reduced to established patient CPT.
P25	Comprehensive ER visit reduced to intermediate visit
P26	This procedure requires a 51 modifier.
P27	When billing for co-surgeries, procedures billed by co-surgeons must match.
P28	Purchased L code items must be billed with modifier NU or UE.
P29	This proc/mod combo must be billed with appropriate primary procedure.
P30	The OP report attached does not match the DOS or procedures on the claim.
P31	This procedure requires a corresponding NDC.
P32	Diagnosis code used is not valid as primary or admit.
P33	Included in the composite rate for dialysis.
P34	Units are invalid. A unit for this procedure is one package.
P35	Date of lab test(s) must be on/or before certification date.
P36	This procedure does not require a 26/TC modifier. Please resubmit without modifier.
P37	The 459 attached to the claim does not cover the dates of service on the claim.
P38	Use modifier 22 only when 3 or more modifiers are required.
P39	This modifier is not effective for the date of service billed.
P40	Anesthesia modifiers are only payable with anesthesia procedure codes
P41	Justification not adequate to support usage under PWC program.
P42	Documentation does not justify services billed
P43	Proc/mod combo is not appropriate. Please resubmit w/ correct mod/units.
P44	J codes are for injectables only.
P45	A copy of manufacture's suggested retail price for this supply is required – STATE USE ONLY
P46	Revenue code does not require a procedure code. Refer to provider handbook.
P47	Post-op care must be billed with surgical procedure and modifier 55.
P48	Surgical tray must be billed with surgical procedures. Bill supplies with A4649.
P49	Modifier 54/55 should be used with surgical procedures only.

P00-99	
P50	Documentation does not include .50 diopter change.
P51	This is not a timed procedure. Bill with one unit to receive the rate on file.
P52	Total OB not payable if ante/postpartum care is billed by another provider.
P53	Billing of 59425 or 59426 in this manner exceeds policy guidelines. See Handbook.
P54	Hospice diagnosis must be listed in field 21 of claim form.
P55	One facility charge has already been paid for this date of service.
P56	Resubmit with the appropriate immunization administration procedure
P57	Expected date of delivery needed.
P58	This medication must be billed on a pharmacy claim form.
P59	Inappropriate use of modifier 59.
P60	Family Planning included in total OB care.
P61	Please rebill with the appropriate delivery code.
P62	Antepartum care already paid. Rebill with the correct delivery code.
P63	Postpartum care already paid. Rebill with the correct delivery code.
P64	When Billing 59425 or 59426 list the 1 st visit and last visit as DOS INACTIVE
P65	Rebill this drug on a pharmacy claim form.
P66	Modifier payable only in a teaching hospital setting.
P67	Incorrect code used for age of client. Rebill with correct procedure code.
P68	Antepartum care paid to RHC or FQHC. Rebill with correct delivery code.
P69	This diagnosis is only covered for children.
P70	Date of heart surgery required for payment of cardiac rehab.
P71	Bill for primary surgical procedure on a separate claim detail.
P72	Procedure or Revenue code not payable to this provider.
P73	Please rebill with appropriate anesthesia modifier.
P74	Surgical codes with modifier 55 payable only once per post-op period
P75	Post op care has been paid - rebill surgery with modifier 54

R00-99

R01	Full or Partial payment has been made. Claim must be billed as an adjustment.
R02	Duplicate of another pended claim not yet paid.
R03	Suspect Duplicate overlapping dates of service billed

S00-99

S01	Dates of service do not match dates on prior authorization file.
S02	Monthly Rentals limited to 1 unit per month.
S03	Dates billed are invalid.
S04	Claim does not match PA's on file.
S05	Provider # does not match the supplying provider # on PA.
S06	Dates of service do not match dates on PA file.
S07	No price on PA. Please contact the authorizing agency. Inactive
S08	Detail does not match PA on file.
S09	Dates of service after 1-1-98 must have a PA in the AIM system.
S10	Fractions of units are not payable. Contact authorizing agency.
S11	The place of service billed does not match the place of service on the PA
S12	Referenced ICN is not within one year from date of service.
S13	Referenced ICN does not justify payment for late billing.
S14	PA number listed is incorrect PA number for this claim.
S15	Service date billed does not match primary physician's date for this procedure.

T00-99

T01	Attach a copy of the insurance EOB with the denial reason.
T02	Enter the insurance payment in the correct field on the claim and resubmit.
T03	Explanation of Benefits does not match date, amount or procedure billed.
T04	Denial reason on Explanation of Benefits is not sufficient or is unacceptable.
T05	Medicare paid allowed amount in full. No additional payment can be made.
T06	Client has more than one insurance carrier. Resubmit with all EOBs.
T07	EOB paid amount does not match amount in amount paid box on claim form.
T08	Insurance payment/denial information is incomplete.
T09	Part of this claim is covered by other insurance. Resubmit with EOB for covered charges.
T10	Client on EOB does not match client on the claim form.
T11	Please attach EOB with claim.
T12	Please indicate on the top of the claim form "Medicare HMO" or "HMO Crossover".
T13	Handwritten denial reasons are not acceptable.
T14	Attachment is not legible.
T15	Third party liability information is incomplete/unacceptable.
T16	Medicare paid amount and / or other insurance payment not entered in field 29.
T17	Medicare paid amount and / or other insurance payment not entered in field 54.
T18	Bill non-covered Medicare services separately with attached Medicare denial EOB.
T19	Please include the contractual adjustment as part of the other insurance payment.

V00-99

V00	Billed units reduced to authorized. Questions, contact authorizing agency.
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X00-99

X00	POS reversal
X01	POS claim denied
X02	Rebill hard copy claim
X03	Signature missing or invalid
X04	Claim denied per provider request
X05	Claim is being reprocessed. Please do not rebill
X06	Not in accord with medical policy guidelines
X07	Oxygen lab documentation is not on authorization file or has expired
X08	Entire claim denied. Rebill when lines in error are corrected.
X09	Certificate/diagnosis do not justify oxygen usage.
X10	CMN is not complete, not legible or invalid.
X11	Length of need is missing or invalid.
X12	EPSDT letter required to justify oxygen usage.
X14	Punctuation marks of any kind are not allowed. Please rebill.
X15	Room/accommodation revenue code required for type of bill.

EXPLANATION OF BENEFITS ADDITIONAL RANGE VALUES

Last Change Date: 07/03/02

Revision for Table Format: 04/26/05

Range Value	Description
L00-L9	Provider
K00-K99	Client
P00-P9	Procedures
W00-W99	Diagnosis
S00-S99	Days/Dates
N00-N9	Drugs
T00-T99	Third Party
V00-V9	Prior Authorization
X00-X9	Miscellaneous
M00-M99	Pricing
R00-R99	Adjustments
F00-F01	Financial



FAMILY PLANNING SERVICES

Last Change Date: 07/07/99

Revision for Table Format: 04/26/05

Procedure Codes	
9390F	11975
9395F	11976
9396F	11977
9397F	57170
A4260	58300
J1055	58301

Diagnosis Codes	
V157	V251
V25	V254-V259
V250	
V2501	
V2502	
V2509	

Drug Codes	
All NDC codes with therapeutic class:	
G8A	X1A
G8B	X1B
G8C	X1C
G9A	X1D
Exclude Provider Specialties	
095-ISSH	
093 – Unit Dose Pharmacy	

FIELD OFFICE CODES

Last Change Date: 11/22/04

REGION I

CODE	NAME AND ADDRESS	COUNTY/PERSONNEL	PHONE
1028	Regional Office 1120 Ironwood Drive Suite 102 Coeur d'Alene, ID 83814	Director--Michelle Britton	769-1515
1028	Medical and Financial Assistance 1120 Ironwood Drive Coeur d'Alene, ID 83814	Program Manager: Steve McKenna Trainers: Brenda Wyatt Jude Meeker-Stuart Fraud Investigator: George Thornton	769-1456 X 212 X 235 X 227 769-1424 FAX 769-1483
1001 – 1027 1029 – 1044	EPICS Field Office 1120 Ironwood Drive Coeur d'Alene, ID 83814	Supervisor – Betty Steiner	769-1456 x212
1105 1109 1111 1128 1140	Coeur d'Alene 1120 Ironwood Drive Coeur d'Alene, ID 83814	Kootenai (28) Supervisors: Ron Beecher Donna Robinett Ernie Power Jean Rucker After Hours Telephone Numbers:	769-1456 X232 X233 X231 X275 FAX 769-1483 769-1459 or 769-1466
1205 1240	St. Maries P.O. Box 248 Federal Building, Room G35 222 S. 7th Street St. Maries, ID 83861	Benewah (05) Rose Henderson	245-2541 FAX 245-2544
1228 1805 1828	Plummer Benewah Medical Center 1115 B Street Plummer, ID 83851	Benewah (05) Rose Henderson	686-3201 FAX 686-1035
1309	Sandpoint 1717 W. Ontario Sandpoint, ID 83864	Bonner (09) Supervisor: Marv Vanderberg	265-4529 FAX 263-4198
1411	Bonnors Ferry Route 4 6522 Tamarack Lane Bonnors Ferry, ID 83805	Boundary (11) Rick Maggi	267-3187 FAX 267-3251
1505 1540 1609	Kellogg 140 Railroad Avenue Kellogg, ID 83837	Shoshone (40) Supervisor: Mary King	784-1351 FAX 784-1356

REGION II

CODE	NAME AND ADDRESS	COUNTY/PERSONNEL	PHONE
2035	Regional Office 1118 "F" Street P.O. Drawer B Lewiston, ID 83501	Director--Dave Reynolds Program Manager--Jeri Pool Trainers--Lloyd Welborn Kathi Arnold Fraud Investigator--Howard Elliott	799-4420 799-4408 799-4422 799-4424 799-4421 799-4425
			FAX Administration 799-3350
			FAX MAFA Administration 799-5121
2001- 2034 2036- 2044 2135 2129 2118 2125 2131	Lewiston 1118 "F" Street P.O. Drawer B Lewiston, ID 83501	Nez Perce (35) Supervisors: Aurie Weeks, AFDC Stephanie Elliott, AABD	799-4320 799-4320 799-4340 FAX 799-5121
2218 2225 2231 2235	Orofino 416 Johnson Avenue P.O. Box 712 Orofino, ID 83544	Clearwater (18) Nez Perce (35) Supervisor: Pat Wilkinson Principal: Mary Johnston	476-5771 FAX 476-3636
2329 2318 2325 2331 2335	Moscow 1350 Troy Highway Moscow, ID 83843	Latah (29) Clearwater (18) Latah(29) Latah(29) Latah(29) Supervisor: Stephanie Elliott	882-2433 882-2434 882-2433 882-2433 882-2433 882-3380 FAX 883-0615
2425 2431 2418 2435	Grangeville 216 South "C" Street P.O. Box 548 Grangeville, ID 83530	Idaho (25) Lewis (31) Supervisor: Pat Wilkinson Principal: Sharon Crane	983-0620 FAX 983-2440
2518 2525 2531	Kamiah 501 Main P.O. Box 488 Kamiah, ID 83536	Idaho (25) Lewis (31) Supervisor: Pat Wilkinson	935-2506 FAX 935-0100

REGION III

CODE	NAME AND ADDRESS	COUNTY/PERSONNEL	PHONE
3014	Regional Office 3402 Franklin Road Caldwell, ID 83605-6932	Director--JoAn Silva Program Manager: Greg Kunz	454-0421 FAX 454-8351
3114 3137	Caldwell 3402 Franklin Road Caldwell, ID 83605-6932	Canyon (14) Supervisors: Peggy Cook Roger Transtrum	454-0421 FAX 454-7637
3214 3237	Nampa 823 Park Centre Way Nampa, ID 83651	Canyon (14) Owyhee (37) Supervisors: Brad Baird	465-8444 FAX 465-8431
3337 3314	Homedale P.O. Box 997 8 Second Street North Homedale, ID 83628	Owyhee (37) Canyon (14) Supervisor: Donna Schmidt	337-3137 FAX 337-4745
3414	Mercado 3402 Franklin Road Caldwell, ID 83605-6932	Canyon (14) Supervisor: Buddy Howell Trainers: Linda Atwood Darlene Stattner, Chad Cole Fraud Investigator: Paula Hisle	454-7700 FAX 454-7625 Tues, Wed, Thurs: 454-7700 Monday and Friday: 642-6400
3523	Emmett 1024 Fernlee Emmett, ID 83617	Gem (23) Supervisor: Cynthia Landers	365-3515 FAX 365-7466
3714 3723 3737 3738 3838	Payette 515 North 16th Payette, ID 83661	Payette (38) Supervisors--Virgil Smith Estella Gomez	642-6400 FAX 642-9746
3702 3744	Council (Monday, Thursday)* Weiser (Tuesday Only)*	Adams (02) Washington (44) *HANDLED IN PAYETTE	642-6400 FAX 642-9746

REGION IV

CODE	NAME AND ADDRESS	COUNTY/PERSONNEL	PHONE
4001	Regional Office 1720 Westgate Drive Boise, ID 83704	Director: Gary Payne (Acting) Program Manager--Roger Garidel Trainers--Laurie Watkins Gaylynne Simpson Fraud Investigator--Lynette Porter Eligibility Number:	334-6728 334-6739 334-6747 334-6748 334-6725 334-6700 FAX 334-6839
4101 4108 4120 4137	Boise 1720 Westgate Drive Boise, ID 83704	Ada (01) Boise (08) Supervisors--Kay Green Loretta Williams Lynn Salisbury Randy Woods Randy Allen Ann Dusseau Clerical Sup-Gayle Larson	334-6700 334-6930 334-6741 334-6744 334-6745 334-6742 334-6743 334-6740 FAX 334-6839
4144	450 W. State Street Boise, ID 83720	Foster Care	344-5700
4320 4337	Mountain Home 2420 American Legion Blvd Mountain Home ID 83647	Elmore (20) Ann Dusseau	587-9061 FAX 587-5024
4420 4437	Glenns Ferry 120 W. Idaho P.O. Box 68 Glenns Ferry, ID 83623	Elmore (20) Owyhee (37) Mable Adams	366-7422 FAX 366-7402
4543	McCall P.O. Box 749 McCall, ID 83638	Valley (43) Randy Woods	634-2229 FAX 634-3510

REGION V

CODE	NAME AND ADDRESS	COUNTY/PERSONNEL	PHONE
5042	Regional Office 601 Poleline Road Suite # 5 Twin Falls, ID 83301	Director--Joyce McRoberts Program Manager: Patty Brown	736-3020 FAX 736-2116
5107 5113 5116 5124 5127 5132 5134 5142	Twin Falls 601 Poleline Road Suite # 5 Twin Falls, ID 83303	Twin Falls (42) Supervisors: Glenda Thompson Wendy Churchman Trainers: Tamara Prisock Dana Blake Fraud Investigator--Larry Strolberg	736-2110 FAX 736-2116 736-2110 736-2110 736-2110
5207 5213	Bellevue 621 North Main Bellevue, ID 83313	Blaine (07) Camas (13) Supervisor--Tonia Walgamott (Jerome)	788-3584 FAX 788-9317
5307 5313 5316 5324 5327 5332 5334 5342	Jerome 126 North Adams P.O. Box 109 Jerome, ID 83338	Jerome (27) Gooding (24) Lincoln (32) Supervisor: Tonia Walgamott	324-8144 FAX 324-4918
5416 5434 5442	Burley 2241 Overland Suite 1 Burley, ID 83318	Cassia (16) Minidoka (34) Supervisor--Marie Hanzel	678-1121 FAX 678-1263

REGION VI

CODE	NAME AND ADDRESS	COUNTY/PERSONNEL	PHONE
6003	Regional Office 1090 Hilina Road P.O. Box 4166 Pocatello, ID 83205-4166	Director--Nick Arambarri Program Manager--Paul Williams Fraud Investigator--Tom Reubelmann Trainers--Nancy Varela Pam Sherwood	235-2890 235-2875 235-2890 235-2892 235-2888 235-2887 FAX 235-2815
6103 6104 6106 6115 6121 6118 6125 6129 6131 6135	Pocatello 1090 Hilina Road P.O. Box 4166 Pocatello, ID 83205-4166	Bannock (03) Supervisors--Bob Etlin Kitty Hupe * Denise Marcel Marcia Hughes Tamara Leighton	235-2900 235-2927 235-2918 235-2912 235-2928 FAX 236-6100
6139 6206 6236 6239 6973	*American Falls 502 Tyhee American Falls, ID 83211	Power (39) Kitty Hupe Jene Moore	226-5186 FAX 226-5835
6304	*Montpelier 108 N. 8th Montpelier, ID 83254	Bear Lake (04) HANDLED IN SODA SPRINGS	847-1652 FAX 547-4319
6310 6315 6321 6336	*Soda Springs 184 S. Main Street Soda Springs, ID 83276 Vickie Gunter	Caribou (15) Bear Lake (04) Barbara Hayes	547-4317 FAX 547-4319
6403 6404 6406 6415 6421 6436 6439	Blackfoot 701 East Alice P.O. Box 129 Blackfoot, ID 83221	Bingham (06) Supervisors--Joye Ronallo Jim Bergfeld	785-5826 FAX 785-1003
6503 6504 6506 6515 6521 6536	*Preston 233 North State Preston, ID 83263	Franklin (21) Supervisor – Marcia Hughes	852-0634 FAX 852-2136

6136	*Malad 300 N. 100 West Malad, ID 83252	Onieda (36) HANDLED IN PRESTON AND POCATELLO	766-2281
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* Kitty Hupe - Supervisor of these field offices - based in Pocatello

REGION VII

CODE	NAME AND ADDRESS	COUNTY/PERSONNEL	PHONE
7010	Regional Office 150 Shoup Suite 19 Idaho Falls, ID 83402	Director--Del Hobbs Program Manager--Carrie Crom Trainers--Gloria Bryant Jane Roberts Fraud Investigator--Gary Larson	528-5800 528-5790 528-5853 528-5852 528-5854 528-5851
7001 – 7009 7011 – 7044	Idaho Falls 150 Shoup Ave Suite 05 Idaho Falls, ID 83405		528-5800
7106 7110 7119 7122 7126 7130 7133 7141	Idaho Falls 150 Shoup Suite 19 Idaho Falls, ID 83402	Bonneville (10) Butte (12) Clark (17) Custer (19) - Mackay Lemhi (30) Jefferson (26) Supervisors--Nick Petrozzino Darlene Gilbert Casey Raines	528-5800 528-5806 528-5811 528-5828 FAX 528-5775
7112	Arco 213 W. Grand Arco, ID 83213	Butte (12) Custer (19) - Mackay HANDLED IN IDAHO FALLS	527-3461 FAX 528-5775
7117	Rigby	Clark (17) Jefferson (26) HANDLED IN IDAHO FALLS	FAX 528-5775
7201 – 7243	Idaho Falls 150 Shoup Ave Suite 05 Idaho Falls, ID 83405		528-5800
7519 7530 7522 7533 7541	Salmon 1301 Main Street Suite 3B P.O. Box 610 Salmon, ID 83467	Custer (19) - Challis and Stanley Lemhi (30) Supervisor--Phil Borresen	756-3336 356-9218 FAX 756-3805
7622	St. Anthony	Fremont (22) HANDLED IN REXBURG	FAX 356-5461
7633 7641	Rexburg 333 Walker Drive Rexburg, ID 83440	Madison (33) Teton (41) Fremont (22) Supervisor--Phil Borresen	356-9218 FAX 356-5461

FINANCIAL REASON CODES

Last Change Date: 11/03/04

Code	Description
1	DHW TPR Cash Recovery - Medicare A & B
2	DHW TPR Cash Recovery - Health Insurance
3	DHW TPR Cash Recovery-Casualty Insurance
4	DHW TPR Cash Recovery-Responsible Party
5	DHW TPR Cash Recovery - Estate
6	DHW TPR Cash Recovery - Fraud and Abuse
7	DHW TPR Cash Recovery - SURS
8	DHW TPR Cash Recovery - TEFRA
9	DHW TPR Cash Recovery - Other Recoveries
10	DHW TPR Cash Recovery - Part Overpayment
11	DHW Cash Recovery - Wrong Provider
12	DHW Cash Recovery - Wrong Client
13	DHW Cash Recovery - Dup Payment
14	DHW Cash Recovery - Other Overpayment
15	DHW Parental Share
16	DHW Adjust - Wrong Provider Number
17	DHW Adjust - Wrong Client Number
18	DHW Adjust - Wrong Drug/Proc Code
19	DHW Adjust - Wrong Proc Modifier
20	DHW Adjust - Wrong Units of Service
21	DHW Adjust - Wrong Submitted Charge
22	DHW Adjust - Wrong TPR Payment
23	DHW Adjust - Duplicate Payment
24	DHW Adjust - Payment to Wrong Provider
25	DHW Emergency Care Payout
26	DHW NH NATCEPS Payout
27	DHW Blood Adjust
28	DHW Recoup in Error
29	DHW Penalties
30	DHW Interest
31	DHW - Medicare Adjusted Payment
32	DHW - Billed Wrong Date of Service
33	DHW - Billed Wrong Revenue Code
34	DHW - Brand Certified
35	DHW - Overpmt Based on Client Limits
36	Drug\Procedure Pricing Change
37	DHW - Due to new Medicare payment methods we cannot adjust his claim. Claim has been voided - resubmit new claim.
038	FOR FUTURE USE
039	Resubmit claim using new Medicare rules.
040 - 049	FOR FUTURE USE
050	PCG Recoup - TPR recovery 800-873-5875
051 - 059	FOR FUTURE USE
60	SUR - Overpayment
61	SUR - Admin Fines
62	SUR - Restitution
63	FOR FUTURE USE
64	SUR - Payout

Code	Description
65	SUR - Recoupment
066 - 075	FOR FUTURE USE
76	F&A - Overpayment
77	F&A - Admin Fines
78	F&A - Restitution
79	F&A - Payout
80	F&A - Recoupment
081 - 090	FOR FUTURE USE
91	Pro - Overpayment
92	Pro - Admin Fines
93	Pro - Restitution
94	Pro - Payout
95	Pro - Recoupment
96	Pro - Denial
97-106	FOR FUTURE USE
107	Provider - Wrong Prov. Number
108	Provider - Wrong Client Number
109	Provider - Wrong Proc/Drug Code
110	Provider - Wrong Proc Modifier
111	Provider - Wrong Units of Service
112	Provider - Wrong Submitted Charge
113	Provider - Wrong TPR Payment
114	Provider - Duplicate Payment
115	Provider - Payment to Wrong Provider
116	Provider - Overpayment
117	Provider Refund - Medicare A&B
118	Provider Refund - Health Insurance
119	Provider Refund - Casualty
120	Provider - Medicare Adjusted Payment
121	Provider - Billed Wrong Date of Service
122	Provider - Billed Wrong Revenue Code
123	Provider - Brand Certified
124	Provider - Overpmt Based on Client Limit
125	Provider - Payment HMO Incentive Fee
126	Provider - Payout HMO
127	CHIP-A HC Mgmt Fee
128	Provider-payout lock-in case management fee
129	CHIP-B HC Mgmt Fee
130	CHIP-A Lock-In Case Mgmt Fee
131	CHIP-B Lock-In Case Mgmt Fee
132 -145	FOR FUTURE USE
146	Recoupment of Provider Payout
147	Retro Case Management Payments for PCCM
148	State Interest Paid
149	Retro Rate Adjustment
150	Special NH Rate - Payout
151	Drug Unit Dose Adjustment
152	Client Did Not Receive Services
153 - 154	FOR FUTURE USE
155	Provider Changed Ownership
156	Change In Patient Resources
157	Disproportionate Share Payment

Code	Description
158	Court Ordered Settlement
159	Drug Rebate
160	Insurance Premium
161 - 180	FOR FUTURE USE
181	Cost Settlement Recoup Balance - Interim
182	Cost Settlement Payout - Interim
183	Cost Settlement Cash Recovery - Interim
184	Cost Settlement Adjustment - Interim
185	Cost Settlement Recoup Balance - Final
186	Cost Settlement Payout - Final
187	Cost Settlement Cash Recovery - Final
188	Cost Settlement Adjustment - Final
189	Cost Audit Settlement Write-Off - Bankruptcy
190	Cost Audit Settlement Write-Off - Out of Business
191 - 199	FOR FUTURE USE
200	Recoupment - System Error
201	Auto Recoupment - System Change
202	Client Refund - Unspecified
203	Retroactive Capitation Payments for HMO
204	Lien Holder Payment
205	Scheduled Pmt Applied to Acct Receivable
206	State Sidebar Rebate Agreement
207	Write-off Due to Bankruptcy
208	Write-off Due to Out of Business
209	Buy-In Payment
210	Client TPR Refund
211	Casualty Insurance - DHW
212	Cooperative Agreement Collection
213	Write-off as Unrecoverable
214	Lump Sum Payout
215	Non Sufficient Funds (NSF)
216	Incorrect Deposit
217	School Dist Match, State Share Withheld
218	Preg Teen Services, State Share Withheld
219	Shedule Payment Applied to Lien
220	Void A/R Recoupment
221	Void Adjustment A/R Recoupment
222	PCS Adjustment Units Down
223	Deposit by Another Agency
224	Clozaril Claims
225	Misc - Conversion Only
226 - 299	FOR FUTURE USE
300	CBC panel includes component
301	Overlaps Inpatient Claim
302	Procedure doesn't match primary physician
304	Prescriber number missing/invalid
305	Payment made to lab for this test
306	Service included in instututional care
307	Admission included in surgery
308	Included in procedure 59400
309	Group/indiv therapy limited to 45 hrs/year
310	Refraction included in eye exam

Code	Description
311	Post-op included in surgery fee
312	E & M included in surgical procedure
313	Not allowed when comp. admit billed within 6 months
314	Two (2) established patient visits for routine care
315	Should be billed by provider of service
316	Reduced to established patient code
317	Total OB includes ante- and postpartum care
318	Only one new patient visit per year
319	Psychiatric evaluation/diagnosis allowed 12 hours per year
320	Maximum two (2) chiropractic visits per calendar month
321	Must be included in flat fee for maternity
322	Post op inc in delivery
323	Dev therapy limited to 30 hrs/wk
324	Reduced to estab pt visit
325	pdn oversight and rn/lpn not on same day
326	Hourly code not allowed with daily care code
327	Allergy inj not allowed with office visit
328	Included in neonatal intensive care
329	Only one delivery per 7 month period
330	prev med incl hearing and eye exams
331	E&M codes included in asterisk procedure
332	Units cat back according to Medicaid policy
333	5003H limited to 20 hours/week
334	5005H limited to 20 hours/week
334	5005H limited to 20 hours/week
335	Eligibility changed
336-900	FOR FUTURE USE
901	June 2000 overpayment recovery RF0054 PP
902-998	FOR FUTURE USE
999	Category of Service – Mass Adjustments – DHW Use Only

Financial Reason To HIPAA Adjustment Reason Code Crosswalk

Last Change Date: 05/18/04

Financial Reason Code	Description	HIPAA Adj Reason Code	Description
001	DHW TPR cash recovery - Medicare A&B	B3	Recovery Allowance
002	DHW TPR cash recovery - health insurance	B3	Recovery Allowance
003	DHW TPR cash recovery-casualty insurance	B3	Recovery Allowance
004	DHW TPR cash recovery-responsible party	B3	Recovery Allowance
005	DHW TPR cash recovery - estate	B3	Recovery Allowance
006	DHW TPR cash recovery - fraud and abuse	B3	Recovery Allowance
007	DHW TPR cash recovery - SURS	B3	Recovery Allowance
008	DHW TPR cash recovery - TEFRA	B3	Recovery Allowance
009	DHW TPR cash recovery - other recoveries	B3	Recovery Allowance
010	DHW TPR cash recovery - part overpayment	B3	Recovery Allowance
011	DHW cash recovery - wrong provider	WO	Overpayment Recovery
012	DHW cash recovery - wrong client	WO	Overpayment Recovery
013	DHW cash recovery - dup payment	WO	Overpayment Recovery
014	DHW cash recovery - other overpayment	WO	Overpayment Recovery
015	DHW parental share	WO	Overpayment Recovery
016	DHW adjust - wrong provider number	WO	Overpayment Recovery
017	DHW adjust - wrong client number	WO	Overpayment Recovery
018	DHW adjust - wrong drug/proc code	WO	Overpayment Recovery
019	DHW adjust - wrong proc modifier	WO	Overpayment Recovery
020	DHW adjust - wrong units of service	WO	Overpayment Recovery
021	DHW adjust - wrong submitted charge	WO	Overpayment Recovery
022	DHW adjust - wrong tpr payment	WO	Overpayment Recovery
023	DHW adjust - duplicate payment	WO	Overpayment Recovery
024	DHW adjust - payment to wrong provider	WO	Overpayment Recovery
025	DHW emergency care payout	LS	Lump Sum
026	DHW NH NATCEPS payout	LS	Lump Sum
027	DHW blood adjust	WO	Overpayment Recovery
028	DHW recoup in error	LS	Lump Sum

Financial Reason Code	Description	HIPAA Adj Reason Code	Description
029	DHW penalties	L3	Penalty
030	DHW interest	L6	Interest Owed
031	DHW Medicare adjusted payment	WO	Overpayment Recovery
032	DHW billed wrong date of service	WO	Overpayment Recovery
033	DHW billed wrong revenue code	WO	Overpayment Recovery
034	DHW brand certified	WO	Overpayment Recovery
035	DHW overpmt based on client limits	WO	Overpayment Recovery
036	Drug/proc pricing change	WO	Overpayment Recovery
037	DHW provider not eligible	WO	Overpayment Recovery
038	DHW eligibility error payout	WO	Overpayment Recovery
039	DHW resub claim using new Medicare rules	J1	Non-reimbursable
050	PCG recoup - TPR recovery 800-873-5875	B3	Recovery Allowance
060	SUR - overpayment	WO	Overpayment Recovery
061	SUR - admin fines	WO	Overpayment Recovery
062	SUR - restitution	WO	Overpayment Recovery
064	SUR - payout	LS	Lump Sum
065	SUR - recoupment	WO	Overpayment Recovery
076	F&A - overpayment	WO	Overpayment Recovery
077	F&A - admin fines	WO	Overpayment Recovery
078	F&A - restitution	WO	Overpayment Recovery
079	F&A - payout	LS	Lump Sum
080	F&A - recoupment	WO	Overpayment Recovery
091	PRO - overpayment	WO	Overpayment Recovery
092	PRO - admin fines	WO	Overpayment Recovery
093	PRO - restitution	WO	Overpayment Recovery
094	PRO - payout	LS	Lump Sum
095	PRO - recoupment	WO	Overpayment Recovery
096	PRO - denial	WO	Overpayment Recovery
107	Provider - wrong prov. number	72	Authorized Return
108	Provider - wrong client number	72	Authorized Return
109	Provider - wrong proc/drug code	72	Authorized Return
110	Provider - wrong proc modifier	72	Authorized Return
111	Provider - wrong units of service	72	Authorized Return
112	Provider - wrong submitted charge	72	Authorized Return
113	Provider - wrong tpr payment	72	Authorized Return

Financial Reason Code	Description	HIPAA Adj Reason Code	Description
114	Provider - duplicate payment	72	Authorized Return
115	Provider - payment to wrong provider	72	Authorized Return
116	Provider - overpayment	72	Authorized Return
117	Provider refund - Medicare A&B	72	Authorized Return
118	Provider refund - health insurance	72	Authorized Return
119	Provider refund - casualty	72	Authorized Return
120	Provider - Medicare adjusted payment	72	Authorized Return
121	Provider - billed wrong date of service	72	Authorized Return
122	Provider - billed wrong revenue code	72	Authorized Return
123	Provider - brand certified	72	Authorized Return
124	Provider - overpmt based on client limit	72	Authorized Return
125	Provider - payment hmo incentive fee	IP	Incentive Premium Payment
126	Provider - payout HMO	IP	Incentive Premium Payment
127	CHIP-A HC Mgmt Fee	IP	Incentive Premium Payment
128	Provider-payout lock-in case mgmt fee	IP	Incentive Premium Payment
129	CHIP-B HC Mgmt Fee	IP	Incentive Premium Payment
130	CHIP-A Lock-In Case Mgmt Fee	IP	Incentive Premium Payment
131	CHIP-B Lock-In Case Mgmt Fee	IP	Incentive Premium Payment
146	Recoupment of provider payout	WO	Overpayment Recovery
147	Retro case management payments for PCCM	IP	Incentive Premium Payment
148	State interest paid	WO	Overpayment Recovery
149	Retro rate adjustment	WO	Overpayment Recovery
150	Special NH rate – payout	LS	Lump Sum
151	Drug unit dose adjustment	WO	Overpayment Recovery
152	Client did not receive services	WO	Overpayment Recovery
155	Provider changed ownership	WO	Overpayment Recovery
156	Change in patient resources	WO	Overpayment Recovery
157	Disproportionate share payment	LS	Lump Sum
158	Court ordered settlement	WU	Unspecified Recovery
159	Drug rebate	B2	Rebate
160	Insurance premium	LS	Lump Sum
181	Cost settlement recoup balance - interim	PI	Periodic Interim Settlement
182	Cost settlement payout – interim	PI	Periodic Interim Settlement
183	Cost settlement cash recovery - interim	PI	Periodic Interim Settlement
184	Cost settlement adjustment – interim	PI	Periodic Interim Settlement

Financial Reason Code	Description	HIPAA Adj Reason Code	Description
185	Cost settlement recoup balance – final	PL	Payment Final
186	Cost settlement payout – final	PL	Payment Final
187	Cost settlement cash recovery – final	PL	Payment Final
188	Cost settlement adjustment – final	PL	Payment Final
200	Recoupment - system error	WO	Overpayment Recovery
201	Auto recoupment - system change	WO	Overpayment Recovery
202	Client refund – unspecified	72	Authorized Return
203	Retroactive capitation payments for HMO	RA	Retro-activity Adjustment
204	Lien holder payment	LE	Levy
205	Scheduled pmt applied to acct receivable	FB	Forwarding Balance
206	State sidebar rebate agreement	B2	Rebate
207	Write-off due to bankruptcy	BD	Bad Debt Adjustment
208	Write-off due to out of business	BD	Bad Debt Adjustment
209	Buy-in payment	LS	Lump Sum
210	Client TPR refund	B3	Recovery Allowance
211	Casualty insurance – DHW	WO	Overpayment Recovery
212	Cooperative agreement collection	WO	Overpayment Recovery
213	Write-off as unrecoverable	BD	Bad Debt Adjustment
214	Lump sum payout	LS	Lump Sum
215	Non sufficient funds (nsf)	BD	Bad Debt Adjustment
216	Incorrect deposit	CS	Adjustment
217	School dist match, state share withheld	LE	Levy
218	Preg teen services, state share withheld	LE	Levy
219	Schedule payment applied to lien	LE	Levy
220	Void a/r recoupment	BD	Bad Debt Adjustment
221	Void adjustment a/r recoupment	BD	Bad Debt Adjustment
222	PCS adjustment units down	WO	Overpayment Recovery
223	Deposit by another agency	WO	Overpayment Recovery
224	Clozaril claims	WO	Overpayment Recovery
225	Misc – conversion	WO	Overpayment Recovery
226	HC fee recouped - client deceased	RA	Retro-activity Adjustment
227	Warrant void-unable to locate provider	WO	Overpayment Recovery
300	CBC panel includes component	WO	Overpayment Recovery
301	Overlaps inpatient claim	WO	Overpayment Recovery
302	Procedure doesn't match primary phys	WO	Overpayment Recovery

Financial Reason Code	Description	HIPAA Adj Reason Code	Description
303	Pt exhausted er visits	WO	Overpayment Recovery
304	Prescriber number missing or invalid	WO	Overpayment Recovery
305	Payment made to lab for this test	WO	Overpayment Recovery
306	Service included in institutional care	WO	Overpayment Recovery
307	Admission included in surgery	WO	Overpayment Recovery
308	Included in procedure 59400	WO	Overpayment Recovery
309	Group/indiv therapy limited to 45hrs/yr	WO	Overpayment Recovery
310	Refraction included in eye exam	WO	Overpayment Recovery
311	Post-op included in surg fee	WO	Overpayment Recovery
312	E&M included in surgical procedure	WO	Overpayment Recovery
313	Not allowed when comp.admit billed/6 mth	WO	Overpayment Recovery
314	2 est pt visits for routine Ob care	WO	Overpayment Recovery
315	Should be billed by provider of service	WO	Overpayment Recovery
316	Reduced to established patient code	WO	Overpayment Recovery
317	Total OB includes ante & postpartum care	WO	Overpayment Recovery
318	Only one new pt visit per year	WO	Overpayment Recovery
319	Psych eval/diag allowed 12 hrs per year	WO	Overpayment Recovery
320	Max 2 chiropractic visits per cal month	WO	Overpayment Recovery
321	Must be incl. in flat fee for maternity	WO	Overpayment Recovery
322	Post op inc in delivery	WO	Overpayment Recovery
323	Dev therapy limited to 30 hrs/wk	WO	Overpayment Recovery
324	Reduced to estab pt visit	WO	Overpayment Recovery
325	PDN oversight and RN/LPN not on same day	WO	Overpayment Recovery
326	Hrly code not allwd with daily care code	WO	Overpayment Recovery
327	Allergy inj not allwd with office visit	WO	Overpayment Recovery
328	Included in neonatal intensive care	WO	Overpayment Recovery
329	Only one delivery per seven month period	WO	Overpayment Recovery
330	Prev med incl hearing and eye exams	WO	Overpayment Recovery
331	E&M codes included in asterisk procedure	WO	Overpayment Recovery
332	Units cut back according to medicaid pol	WO	Overpayment Recovery
333	5003H limited to 20 hours/week	WO	Overpayment Recovery
334	5005H limited to 20 hours/week	WO	Overpayment Recovery
335	Eligibility changed	WO	Overpayment Recovery
336	Cash application included in surgery	WO	Overpayment Recovery
337	Modifier invalid for service billed	WO	Overpayment Recovery

FINANCIAL TRANSACTION CODES

Last Change Date: 11/27/04

Fn Txn

MAR Process

Code	Description	Ind
001	TPR Carrier AR Write Off	I Ignore
002	TPR Carrier AR Setup Non-Claim Specific	I Ignore
003	TPR Carrier AR Setup Claim Specific	I Ignore
004	TPR Carrier Refund Non-Claim Specific	R Refund
005	TPR Carrier Refund Claim Specific	R Refund
006	TPR Carrier Returned Warrant	R Refund
007	TPR Carrier System Payout Non-Claim Specific	P Payout
008	TPR Carrier System Payout Claim Specific	P Payout
009	TPR Carrier Void	R Refund
010	TPR Carrier AR Adjust Down	I Ignore
011	TPR Carrier AR Adjust Up	S Special
012	TPR Carrier Claim Specific Auto Setup AR and Apply Partial Refund	R Refund
013	TPR Carrier Claim Specific Auto Setup AR and Apply Full Refund	R Refund
014	TPR Carrier Non-Claim Specific Auto Setup AR and Apply Refund	R Refund
015	TPR Carrier Non-Claim Specific Manual payout	P Payout
016	TPR Carrier Payout Applied to A/R	R Refund
017	TPR Carrier Cash Receipt Setup	I Ignore
018 - 030	FOR FUTURE USE	
031	Drug Rebate Negative Prior Period Adjustment	I Ignore
032	Drug Rebate AR Write Off	I Ignore
033	Drug Rebate Disputed Decrease	I Ignore
034	Drug Rebate Disputed Increase	I Ignore
035	Drug Rebate Setup Invoice	I Ignore
036	Drug Rebate System Payout	P Payout
037	Drug Rebate Positive Prior Period Adjustment	I Ignore
038	Drug Rebate Refund	R Refund
039	Drug Rebate Void	R Refund
040	Drug Rebate AR Adjust Down	I Ignore
041	Drug Rebate AR Adjust Up	S Special
042	Drug Rebate Calculate Interest	I Ignore
043	Drug Rebate Non-Claim specific Auto Setup AR and Apply Refund	R Refund
044	Drug Manufacturer Cash Receipt Set-up	I Ignore
045	Drug Rebate Interest Decrease	I Ignore
046	Drug Rebate Interest Increase	I Ignore
047	Drug Rebate Over Payment	R Refund
048	Drug Rebate Payout Applied to A/R	R Refund
049 - 059	FOR FUTURE USE	
060	Insurance Premium Carrier AR Write Off	I Ignore
061	Insurance Premium Carrier Manual Payout Non-Claim Specific	P Payout
062	Insurance Premium Carrier AR Setup Non-Claim Specific	I Ignore
063	Insurance Premium Carrier Refund Non-Claim Specific	R Refund
064	Insurance Premium Carrier Returned Warrant	R Refund

065	Insurance Premium Carrier System Payout Non-Claim Specific	P	Payout
066	Insurance Premium Carrier Void	R	Refund
067	Insurance Premium Carrier Payout Applied to A/R	R	Refund
068	FOR FUTURE USE		
069	Insurance Premium Non-Claim Specific Auto Setup AR and Apply Refund	R	Refund
070	Insurance Carrier Cash Receipt Set-up	I	Ignore
071 - 089	FOR FUTURE USE		
090	Lien Holder Returned Warrant	I	Ignore
091	Lien Holder System Payout Non-Claim Specific	I	Ignore
092	Lien Holder Void	I	Ignore
093	Lien Holder AR Adjust Down	I	Ignore
094	Lien Holder AR Adjust Up	I	Ignore
095	Lien Holder AR Writeoff	I	Ignore
096 - 116	FOR FUTURE USE		
117	Provider 1099 Decrease	I	Ignore
118	Provider 1099 Increase	I	Ignore
119	Provider AR Write Off	I	Ignore
120	Provider Manual Payout Non-Claim Specific	P	Payout
121	Provider Manual Payout Claim Specific	P	Payout
122	Provider Partial Refund Claim Specific	R	Refund
123	Provider Payout Applied to AR	R	Refund
124	Provider Lien Setup	I	Ignore
125	Provider Lien Refund	I	Ignore
126	Provider AR Setup Non-Claim Specific	I	Ignore
127	Provider AR Setup Claim Specific	I	Ignore
128	Provider AR Setup Claim Void	I	Ignore
129	Provider AR Setup System Adjustment Claim Specific	I	Ignore
130	Provider AR Setup System Mass Adjustment Claim Specific	I	Ignore
131	Provider Refund Non-Claim Specific	R	Refund
132	Provider Refund Claim Specific	R	Refund
133	Provider Returned Warrant	R	Refund
134	Provider System Payout Non-Claim Specific	P	Payout
135	Provider System Payout Claim Specific	P	Payout
136	Provider AR Adjust Down	I	Ignore
137	Provider AR Adjust Up	S	Special
138	Provider Void	R	Refund
139	Provider Claim Specific Auto Setup AR and Apply Partial Refund	R	Refund
140	Provider Claim Specific Auto Setup AR and Apply Full Refund	R	Refund
141	Provider Non-Claim Specific Auto Setup AR and Apply Refund	R	Refund
142	Provider Cash Receipt Set-up	I	Ignore
143	Provider Scheduled Payment Applied to Adjustment AR	R	Refund
144 - 159	FOR FUTURE USE		
160	Client AR Write Off	I	Ignore
161	Client Manual Payout Non-Claim Specific (removed from screen 11/15)	P	Payout
162	Client Manual Payout Claim Specific (removed from screen 11/15)	P	Payout
163	Client AR Setup Non-Claim Specific	I	Ignore
164	Client AR Setup Claim Specific	I	Ignore
165	Client Refund Non-Claim Specific	R	Refund
166	Client Refund Claim Specific	R	Refund
167	Client Returned Warrant	R	Refund
168	Client System Payout Non-Claim Specific (removed from screen 11/15)	P	Payout

169	Client System Payout Claim Specific (removed from screen 11/15)	P	Payout
170	Client Void	R	Refund
171	Client AR Adjust Down	I	Ignore
172	Client AR Adjust Up	S	Special
173	Client Claim Specific Auto Setup AR and Apply Partial Refund	R	Refund
174	Client Claim Specific Auto Setup AR and Apply Full Refund	R	Refund
175	Client Non-Claim Specific Auto Setup AR and Apply Refund	R	Refund
176	Client Cash Receipt Set-up	I	Ignore
177	Client Partial Refunds Claim Specific	R	Refund
178	Client Payout Applied to A/R	R	Refund
179 - 999	FOR FUTURE USE		

S - Special MAR Processing - Ignore all unless the transaction has a reason code of NSF (215), flncorrect Deposit (216), Void A/R Recoupment (220), or Void Adjustment A/R Recoupment (221), in which case the amount of the transaction should be subtracted out of the financial moneys applied (recovered) to the corresponding category of service (this is rectifying a previous refund that was incorrectly reported).

FINANCIAL TRANSACTION STATUS

Last Change Date: 05/29/96

Revised for Table Format: 04/26/05

Code	Description
A	Active
P	Pend
C	Complete
D	Delete (Cancel)

FINANCIAL TRANSACTION TYPE CODES

Last Change Date: 01/27/97

Code	Description
99D	1099 Decrease
99I	1099 Increase
ARD	A/R Adjust Down
ARF	Auto Setup A/R and Apply Refund
ARU	A/R Adjust Up
ARW	A/R Write-Off - Adjustment Screen
CRS	Cash Receipt Set-up Transaction
DDD	Drug Dispute Decrease
DDI	Drug Dispute Increase
DNA	Drug Negative PPA
DPA	Drug Positive PPA
DRI	Drug Rebate Interest
DRS	Drug Setup Invoice
MNP	Manual Payout
PAR	Payout Applied to A/R
PLR	Provider Lien Refund
PLS	Provider Lien Setup
PTN	Partial Refund
ACV	A/R Setup Claim Void
ARS	A/R Setup
REF	Refund
RET	Returned Warrant
ASA	A/R Setup System Adjustment
ASM	A/R Setup System Mass Adjustment
SYL	System Payout - Lien Holder
SYP	System Payout
VOD	Void

FINANCIAL TRANSACTION TYPE XREF FINANCIAL TRANSACTIONS

Last Change Date: 01/27/97

Code	Description		
99D	1099 Decrease	117	Provider 1099 Decrease
99I	1099 Increase	118	Provider 1099 Increase
ARW	A/R Write-Off - Adjustment Screen	1	TPR Carrier AR Write Off
		32	Drug Rebate A/R Write Off
		60	Insurance Premium Carrier A/R Write Off
		95	Lien Holder A/R Writeoff
		119	Provider A/R Write Off
		160	Client A/R Write Off
DDD	Drug Dispute Decrease	33	Drug Rebate Disputed Decrease
DDI	Drug Dispute Increase	34	Drug Rebate Disputed Increase
DNA	Drug Negative PPA	31	Drug Rebate Negative Drug Prior Period Adjustment
DPA	Drug Positive PPA	37	Drug Rebate Positive Drug Prior Period Adjustment
DRI	Drug Rebate Interest	42	Drug Rebate Calculate Interest
		45	Drug Rebate Interest Decrease
		46	Drug Rebate Interest Increase
DRS	Drug Setup Invoice	35	Drug Rebate Setup Invoice
MNP	Manual Payout	15	TPR Carrier Non-Claim Specific Manual payout
		61	Insurance Premium Carrier Manual Payout Non-Claim Specific
		120	Provider Manual Payout Non-Claim Specific
		121	Provider Manual Payout Claim Specific
		161	Client Manual Payout Non-Claim Specific
		162	Client Manual Payout Claim Specific
PAR	Payout Applied to A/R	16	TPR Carrier Payout Applied to A/R
		48	Drug Rebate Payout Applied to A/R
		67	Insurance Premium Carrier Payout Applied to A/R
		123	Provider Payout Applied to A/R
		143	Provider System Payout HMO Incentive Fee
		178	Client Payout Applied to A/R
PLR	Provider Lien Refund	125	Provider Lien Refund

Code	Description		
PLS	Provider Lien Setup	124	Provider Lien Setup
PTN	Partial Refund	122	Provider Partial Refund Claim Specific
		177	Client Partial Refunds Claim Specific
ACV	A/R Setup Claim Void	128	Provider A/R Setup Claim Void
ARS	A/R Setup	2	TPR Carrier A/R Setup Non-Claim Specific
		3	TPR Carrier A/R Setup Claim Specific
		62	Insurance Premium Carrier Recoupment Non-Claim Specific
		126	Provider A/R Setup Non-Claim Specific
		127	Provider A/R Setup Claim Specific
		163	Client A/R Setup Non-Claim Specific
		164	Client A/R Setup Claim Specific
REF	Refund	4	TPR Carrier Refund Non-Claim Specific
		5	TPR Carrier Refund Claim Specific
		38	Drug Rebate Refund
		63	Insurance Premium Carrier Refund Non-Claim Specific
		131	Provider Refund Non-Claim Specific
		132	Provider Refund Claim Specific
		165	Client Refund Non-Claim Specific
		166	Client Refund Claim Specific
RET	Returned Warrant	6	TPR Carrier Returned Warrant
		64	Insurance Premium Carrier Returned Warrant
		90	Lien Holder Returned Warrant
		133	Provider Returned Warrant
		167	Client Returned Warrant
ASA	A/R Setup System Adjustment	129	Provider A/R Setup System Adjustment Claim Specific
ASM	A/R Setup System Mass Adjustment	130	Provider A/R Setup System Mass Adjustment Claim Specific
SYL	System Payout - Lien Holder	91	Lien Holder System Payout Non-Claim Specific
SYP	System Payout	7	TPR Carrier System Payout Non-Claim Specific
		8	TPR Carrier System Payout Claim Specific
		36	Drug Rebate System Payout
		65	Insurance Premium Carrier System Payout Non-Claim Specific
		134	Provider System Payout Non-Claim Specific
		135	Provider System Payout Claim Specific
		168	Client System Payout Non-Claim Specific
		169	Client System Payout Claim Specific
VOD	Void	9	TPR Carrier Void

Code	Description		
		39	Drug Rebate Void
		66	Insurance Premium Carrier Void
		92	Lien Holder Void
		138	Provider Void
		170	Client Void
ARU	A/R Adjust Up	11	TPR Carrier A/R Adjust Up
		41	Drug Rebate A/R Adjust Up
		94	Lien Holder A/R Adjust Up
		137	Provider A/R Adjust Up
		172	Client A/R Adjust Up
ARD	A/R Adjust Down	10	TPR Carrier A/R Adjust Down
		40	Drug Rebate A/R Adjust Down
		93	Lien Holder A/R Adjust Down
		136	Provider A/R Adjust Down
		171	Client A/R Adjust Down
ARF	Auto Setup A/R and Apply Refund	12	TPR Carrier Claim Specific Auto Setup A/R and Apply Partial Refund
		13	TPR Carrier Claim Specific Auto Setup A/R and Apply Full Refund
		14	TPR Carrier Non-Claim Specific Auto Setup A/R and Apply Refund
		43	Drug Rebate Non-Claim specific Auto Setup A/R and Apply Refund
		69	Insurance Premium Non-Claim Specific Auto Setup A/R and Apply Refund
		139	Provider Claim Specific Auto Setup A/R and Apply Partial Refund
		140	Provider Claim Specific Auto Setup A/R and Apply Full Refund
		141	Provider Non-Claim Specific Auto Setup A/R and Apply Refund
		173	Client Claim Specific Auto Setup A/R and Apply Partial Refund
		174	Client Claim Specific Auto Setup A/R and Apply Full Refund
		175	Client Non-Claim Specific Auto Setup A/R and Apply Refund
CRS	Cash Receipt Set-up Transaction	17	TPR Carrier Cash Receipt Set-up
		44	Drug Manufacturer Cash Receipt Set-up
		70	Insurance Carrier Cash Receipt Set-up
		142	Provider Cash Receipt Set-up
		176	Client Cash Receipt Set-up

FISCAL YEAR PARAMETERS

Last Change Date: 06/04/96

Revised for Table Format: 04/26/05

Code	Description
A	Federal
B	State
C	Waiver
D	Calendar

Follow-up Action Codes

Last Change Date: 4/10/03

Code	Description
C	Please correct and resubmit
N	Resubmission not allowed
P	Please resubmit original transaction
R	Resubmission Allowed
S	Do no resubmit, inquiry initiated to a third party
W	Please wait 30 days and resubmit
X	Please wait 10 days and resubmit
Y	Do not resubmit, we will hold your request and respond again shortly

FREE FORM TEXT TYPES

Last Change Date: 06/04/96
Revised for Table Format: 04/26/05

Code	Description
TP	Third Party Recovery
HC	Health Connections
EL	Eligibility
DX	Diagnosis
SR	S/URS
CE	Cost Effectiveness
PS	Parental Share
ES	Estate Recovery
CN	Casualty Notes
MS	Miscellaneous

FREQUENCY

Last Change Date: 06/04/96

Revised for Table Format: 04/26/05

Code	Description
A	Annually
Q	Quarterly
M	Monthly
W	Weekly
D	Daily

FUNDING SOURCE TABLE

Last Change Date: 5/18/04

t_mr_funding_source

Code	Description
A	Medicaid
B	Other Taxing Entities
C	State Only
D	CHIP-B

GENDER CODES (CLIENT)

Last Change Date: 06/04/96

Revised for Table Format: 04/26/05

Code	Description
M	Male
F	Female

GENDER CODES (PROCEDURE / DIAGNOSIS)

Last Change Date: 06/3/96

Revised for Table Format: 04/26/05

Code	Description
M	Male
F	Female
B	Both

GEOGRAPHICAL FOCUS VALUES

Last Change Date: 06/04/96

Revised for Table Format: 04/26/05

Code	Description
F	Frontier
R	Rural
U	Urban
X	Unknown



Healthy Connections Age Range Indicators For All Other Purposes

Last Change Date: 8/2/04

Table: t_hc_age_ranges

Age Range HC Code	Age Lower Limit	Age Upper Limit
*	All	All
A	0	0
B	1	5
C	6	9
D	10	14
E	15	17
F	18	18
G	19	19
H	20	20
I	21	44
J	45	64
K	65	150

Healthy Connections Age Range Indicators for Assignment

Last Change Date: 05/18/2004

Code	Description
A	0-18
B	15-44
C	15-120
D	55-120
E	All Ages
F	0-18

HEALTHY CONNECTIONS CLIENT NOTIFICATION TABLE

Last Change Date: 2/25/00

Revised for Table Format: 04/26/05

Code	Description
C04	Client Confirmation Letter
C07	Client Notification of Disenrollment
C07A	Client Notification of Disenrollment due to NH or ICF/MR
C07B	Client Notification of Disenrollment due to Lock-In
C07C	Client Notification of Disenrollment due to QMB
C11	Client Notification of Change Letter

Healthy Connections Grouping of State Aid Categories

Last Change Date: 05/14/2004

Code	Description
AFDC and AFDC - Related	
30	Aid to families with Dependent Children
31	Refugee Medical (also receives cash assistance)
36	Foster Care (AFDC Cash)
53	Aid to families with Dependent Children
56	Refugee Medical
57	Qualified Parent
58	Qualified Child (CHIP-A)
61	Foster Care (Title XIX – ME only)
65	Silent Foster Care
69	PWC Children
90	Transitional Medicaid (1 st 6 months)
91	Transitional Medicaid (2 nd 6 months)
92	AFDC – Unemployed Parent – No Grant
93	AFDC – Unemployed Parent – W/A Grant
CHIP-B	
70	Qualified Child (CHIP-B)
Pregnant Women - PWC	
67	Pregnant Women (ME pregnancy related only)
AABD and AABD Related Beneficiaries (SSI)	
10	Old Age Assistance
20	Aid to the Blind
40	Aid to Permanently & Totally Disabled.
51	Old Age Assistance
52	Aid to the Blind
54	Aid to Permanently & Totally Disabled
55	Katie Beckett
59	Extended Services – Adult
QMBs	
68	Qualified Medicare Beneficiary
Presumptive Eligibility	
66	Presumptive Eligible

ALL - includes all the above tables

HEALTHY CONNECTIONS PROVIDER TYPE TABLE

Last Change Date: 07/15/96

Provider Types	Type Description
004	Physicians
005	Osteopaths
016	Mid-Level Practitioners
020	Essential Care Providers
021	Federally Qualified Health Clinics
025	Managed Care

HEALTHY CONNECTIONS PROVIDER SPECIALTY

Last Change Date: 10/30/98

Specialties	Description	Can Be HC Type
037	Allergist	I
039	Cardiologist	I
043	Endocrinologist	I
044	Family Practice	I
045	Gastroenterologist	I
046	General Internist	I
047	General Practice/Emergency Medicine	I
048	General Surgery	I
049	Gerintologist	I
050	Hematologist	I
051	Immunologist	I
052	Neonatalogist	I
053	Neuro-Surgeon	I
054	Neurologist	I
056	OB\GYN	I
058	Oncologist	I
061	Otolaryngologist (ENT)	I
063	Pediatric Cardiologist	I
064	Pediatric Internist	I
065	Pediatric Oncologist	I
066	Pediatrician	I
071	Pulmonologist	I
073	Rheumatologist	I
075	Urologist	I
077	Multi-Specialty Group	I
156	Nurse Practitioner	I
157	Physician Assistant	I
200	Indian Health Services	I
201	Rural Health Clinics	I
206	Federally Qualified Health Clinics	I
234	Managed Care Organization	M (for MCO)
235	Independent Physicians Organization	

Specialties	Description	Can Be HC Type
236	Physician Hospital Organization	
237	Preferred Provider Organization	
238	Primary Care Case Management	P (for PCCM)

HEALTHY CONNECTIONS REASON CODES FOR CHANGE IN ENROLLMENT

Last Change Date: 11/22/99

REASON CODES	DESCRIPTION	CHANGE (HCLRC11)	DISENROLL (HCLRC07)
CONV	Converted from Legacy System	N	N
H001	PCP moved or no longer in practice in service area		
H002	Client misses appointments without prior notification		
H003	Client fails to follow treatment plan		
H004	PCP requests client be changed because patient's condition or illness would be better treated by another provider type		
H005	PCP severed relationship for other reasons		
H006	Client requests change due to unsatisfactory customer service		
H007	Client changed to preserve doctor/patient relationship		
H008	Client has pre-existing relationship with non-participating PCP	N	
H009	Client changed to different PCP within same MCO	N	N
H010	Long waiting periods to obtain services from PCP- Urgent Care (24 hours or less)		
H011	Long waiting periods to obtain services from PCP- Urgent Care (25 to 48 hours)		
H012	Long waiting periods to obtain services from PCP- Urgent Care (more than 48 hours)		
H013	Long waiting periods to obtain services from PCP- Routine Care (1 to 7 days)		
H014	Long waiting periods to obtain services from PCP- Routine Care (8 to 14 days)		
H015	Long waiting periods to obtain services from PCP- Routine Care (more than 14 days)		
H016	Requests for referral(s) denied		
H017	Client changed to/from specialty primary care provider (i.e. pediatrician)		
H018	MCO no longer in business or no longer contracting with Medicaid		
H019	Client requested change/disenroll for other reasons		
H020	Requests for in-plan service(s) denied		
H021	Client has moved out of service area		
H022	Client is pregnant and prefers OB/GYN physician		
H023	Client requests change due to perceived quality of care		
H024	Client entered NH or ICF/MR		
H025	Client is no longer pregnant		
H026	Client placed on Lock-in	N	
H027	Client is QMB only	N	
H028	Client has incompatible third party liability	N	N
H029	Client lives more than 30 miles or 30 minutes from nearest PCP		
H030	Client is a Native American or Alaskan Native residing on a reservation		

REASON CODES	DESCRIPTION	CHANGE (HCLRC11)	DISENROLL (HCLRC07)
H031	Client's category of aid has changed		
H032	Keying Error	N	N
H033	Client no longer Medicaid eligible	N	N
H034	Client requests different provider than auto-assigned.		
H035	Client changed to closer PCP (within service area, no referral)		
H036	Client changed to one family medical home		
H037	Specific doctor left PCP clinic		
H038	Client requests change due to transportation issues		
H039	Client changed to a non-participating PCP	N	
H040	Client changed provider due to foster care placement		

Note - Blank entries in Change/Disenroll column defaults to aYes.

HEALTHY CONNECTIONS REASON CODES FOR PROVIDER ENROLLMENT

Last Change Date: 03/17/97

REASON CODES	DESCRIPTION
P01	Provider retired.
P02	Provider deceased.
P03	Provider moved.
P04	Provider no longer participating in the Medicaid program.
P05	Provider no longer wishes to participate in the Healthy Connections program.
P06	Provider changed from PCCM status to MCO status.
P07	Provider no longer qualified as a PCCM.
P08	Provider no longer qualified as a MCO.
P09	Provider number change.
P10	Keying error.

HEALTHY CONNECTIONS REINSURANCE INDICATORS

Last Change Date: 05/29/96

Revised for Table Format: 04/26/05

Code	Description
C	Full Commercial
S	Full Self Insurance
B	Full Both
P	Partial Risk

HEALTHY CONNECTIONS REPRESENTATIVE TABLE

Last Change Date: 08/10/98

Rep ID	County Code	Name	Address/Phone Number
01	28 11 40 51 53 76 77 05	Meg Hall	1250 Ironwood Coeur d'Alene, ID 83814-0000 208-666-6766 800-299-6766
02	35 18 29 31 25 54 55 78 75	Meg Hall	1250 Ironwood Coeur d'Alene, ID 83814-0000 208-799-5088 800-799-5088
03	14 37 23 38 02 44 65 66 67	Sheryl Keller	3402 N. Franklin Road P.O. Box 1219 Caldwell, ID 83606-0000 208-454-7715 800-494-4133
04	01 08 43 61	Sheryl Keller	3402 N. Franklin Road P.O. Box 1219 Caldwell, ID 83606-0000 208-334-4676 800-354-2574
05	42 07 60 16 24 27 32 34 13 20	Susan Harvey	601 Poleline Rd., Suite 5 Twin Falls, ID 83301-0000 208-736-4793 800-897-4929
06	03 39	Deborah Jorgensen	1090 Hilene, 2 nd Floor P.O. Box 4166

Rep ID	County Code	Name	Address/Phone Number
	36 15 04 21 06 70 71 72 80		Pocatello, ID 83205-0000 208-236-6363 800-284-7857
07	10 12 17 19 22 26 30 33 41 50 52 81	Joel Gramirez	150 N. Shoup St. Suite 19, 3 rd Floor Idaho Falls, ID 83402-0000 208-525-7115 800-919-9945
08	00	Robin Schmidt	3380 Americana Terrace, Suite 230 P.O. Box 83720 Boise, ID 83720-0036 208-334-4930 800-378-3385

HEALTHY CONNECTIONS STANDARD GROUPING OF CATEGORIES OF SERVICE

Last Change Date: 11/17/00

Notes:

(1) The following 5 categories are considered in-State and include contiguous counties: Inpatient Hospital, Outpatient Hospital - ED, Outpatient Hospital - non ED, X-ray/Imaging, and Path/LAB. Used to calculate utilization counts on HCUR46* HCUR56* and HCUR66* reports.

OOS = Out of State and does not include contiguous counties.

COS	Category	Description	Provider Type	C/T	Spec	POS	CPT Code	Rev Codes
1	Inpatient Hosp	Inpatient days using the day of discharge to determine whether the episode falls within the DOS selected. All days of stay are to be included even if they precede the service date range as long as the discharge day falls within the date of service range.	001-Hospital	Exclude C/T W				101 thru 213
2	Outpatient Hospital - Emergency	Count each claim that contains the revenue code 450.	001-Hospital	O Exclude C/T X				Include all claims with rev code 450 (ER)
3	Outpatient Hospital Path/Lab – Technical	Procedure count using the number of times the specific proc occurred during the date of service range requested.	001-Hospital	O Exclude C/T X				Exclude: all claims with rev code 450 (ER) Include: 30x, 31x

COS	Category	Description	Provider Type	C/T	Spec	POS	CPT Code	Rev Codes
4.	X-Ray/Imaging – Technical	Procedure count using the number of times the specific proc occurred during the date of service range requested.	001- Hospital	O Exclude C/T X				Exclude all claims with rev code 450 (ER) Don't include 34x Chemotherapy Include: 32x, 33x, 35x, 40x, 61x
5	Outpatient Hosp - non-ED	Claim count of claims with date of service within date range requested.	001-Hospital	O Exclude C/T X				Exclude all claims with rev code 450 (ER) Exclude: 30x, 31x, 32x, 33x, 34x, 35x, 40x, 61x
6	Physician X-ray/Imaging – Professional – Emergency	Procedure code count using the number of times (units) the specific proc occurred during the date of service range requested.	002-Clinic 004-Physician 005-Osteopath	Exclude C/T Y		Include POS 23 (ER)	70000-79999	
7	Physician X-ray/Imaging – Professional	Procedure code count using the number of times (units) the specific proc occurred during the date of service range requested.	002-Clinic 004-Physician 005-Osteopath	Exclude C/T Y		Exclude POS 23 (ER)	70000-79999	
8	Physician X-ray/Imaging – Radiologists – Emergency	Revenue code count using the number of times the specific proc occurred during the date of service range requested.	023-Other Health Care Providers	Exclude C/T Y	218-Radiology	Include POS 23 (ER)	70000-79999	

COS	Category	Description	Provider Type	C/T	Spec	POS	CPT Code	Rev Codes
9	Physician X-ray/Imaging – Radiologists	Revenue code count using the number of times the specific proc occurred during the date of service range requested.	023-Other Health Care Providers	Exclude C/T Y	218- Radiology	Exclude POS 23 (ER)	70000- 79999	
10	Physician Path/Lab – Professional – Emergency	Procedure count using the number of times the specific proc occurred during the date of service range requested.	002-Clinic 004-Physician 005-Ostoepath 009-Path Laboratory	Exclude C/T Y		Include POS 23 (ER)	80000- 89999	
11	Physician Path/Lab – Professional	Procedure count using the number of times the specific proc occurred during the date of service range requested.	002-Clinic 004-Physician 005-Ostoepath 009-Path Laboratory	Exclude C/T Y		Exclude POS 23 (ER)	80000- 89999	
12	Clinic	Claim count of claims with date of service w/in date range of report	002-Clinic	Exclude C/T Y				
13	Dental Emergency	Claim count of claims with date of service w/in date range of report	003-Dental	Exclude C/T Y		Include POS 23 (ER)		
14	Dental	Claim count of claims with date of service w/in date range of report	003-Dental	Exclude C/T Y		Exclude POS 23 (ER)		
15	Physician – Emergency	Procedure count using the number of times the specific procedure occurred during the date of service range selected	004-Physician 005-Ostoepath	Exclude C/T Y	026- Oral/Maxillof acial Surg. 037 thru 084	Include POS 23 (ER)	Exclude: 70000- 89999, HCASE LCASE	

COS	Category	Description	Provider Type	C/T	Spec	POS	CPT Code	Rev Codes
16	Physician	Procedure count using the number of times the specific procedure occurred during the date of service range selected	004-Physician 005-Osteopath	Exclude C/T Y	026- Oral/Maxillof acial Surg. 037 thru 084	Exclude POS 23 (ER)	Exclude: 70000- 89999, HCASE LCASE	
17	Vision	Claim count of claims with date of service w/in date range of report	006-Vision	Exclude C/T Y	085-Optician 086-Opt Supplies			
18	Vision – Optometrist	Claim count of claims with date of service w/in date range of report	006-Vision	Exclude C/T Y	087- Optometrist (MD) 088- Optometrist			
19	Pharmacy	Prescription Count using claim detail for selected dates of services.	007-Pharmacy					
20	Home Health	Claim count of claims with date of service w/in date range of report	008-Home Health	Exclude C/T X				
21	Transportation - ambulance only	Claim count of claims with date of service w/in date range of report	010- Transportation	Exclude C/T Y	107-Air Ambulance 108-Ambl Emergency- Non Emergency			

COS	Category	Description	Provider Type	C/T	Spec	POS	CPT Code	Rev Codes
22	Transportation –	Claim count of claims with date of service w/in date range of report	010-Transportation	Exclude C/T Y	109- Non-emergent-Comm 110- Ind Trans Provider 111- Agency Transportation 112- Non-Med Waiver Transportation			
23	Hospice	Claim count of claims with date of service w/in date range of report	012-Hospice					
24	DME	Claim count of claims with date of service w/in date range of report	014-DME	Exclude C/T Y				
25	PCS	Claim count of claims with date of service w/in date range of report	015-PCS	Exclude C/T Y				
26	Mid-Level Practitioners – Emergency	Claim count of claims with date of service w/in date range of report	016-Mid Level Practitioners	Exclude C/T Y	154- Certified Nurse Midwife 156- Nurse Practitioner 157- Physician Assistant	Include POS 23 (ER)		

COS	Category	Description	Provider Type	C/T	Spec	POS	CPT Code	Rev Codes
27	Mid-Level Practitioners	Claim count of claims with date of service w/in date range of report	016-Mid Level Practitioners	Exclude C/T Y	154- Certified Nurse Midwife 156- Nurse Practitioner 157- Physician Assistant	Exclude POS 23 (ER)		
28	CRNA	Claim count of claims with date of service w/in date range of report	016Mid Level Practitioners	Exclude C/T Y	155-CRNA			
29	Psychiatric Nurse Practitioner	Claim count of claims with date of service w/in date range of report	016-Mid-Level Practitioners	Exclude C/T Y	158- Psychiatric Nurse Practitioner			
30	Nursing Services	Claim count of claims with date of service w/in date range of report	017-Nursing Services	Exclude C/T Y	164- Licensed Practical Nurse Independent (PDN) 165- Nursing Agency (PDN) 166- Registered Nurse Independent (PDN)			

COS	Category	Description	Provider Type	C/T	Spec	POS	CPT Code	Rev Codes
31	Nursing Services (PCS)	Claim count of claims with date of service w/in date range of report	017-Nursing Services	Exclude C/T Y	163- Ind Supervising Registered Nurse (PCS) 167- Reg Nurse Ind (EPSDT Screener) 168- Reg Nurse Services Independent DD Waiver 169- Reg Nurse Services Agency DD Waiver			
32	Case Mgt Services	Claim count of claims with date of service w/in date range of report	018-Case Mgt Services	Exclude C/T Y				
33	HCBS for DD Adults	Claim count of claims with date of service w/in date range of report	019-DD and TBI	Exclude C/T Y				
34	FQHC	Claim count of claims with date of service w/in date range of report	021-FQHC	Exclude C/T Y				
35	RHC	Claim count of claims with date of service w/in date range of report	020-Essential Care Providers	Exclude C/T Y	201-Rural Health			
36	District Health Department	Claim count of claims with date of service w/in date range of report	020-Essential Care Providers	Exclude C/T Y	199- Dist Health Departments			

COS	Category	Description	Provider Type	C/T	Spec	POS	CPT Code	Rev Codes
37	Indian Health Services	Claim count of claims with date of service w/in date range of report	020-Essential Care Providers	Exclude C/T Y	200- Indian Health Services Clinics			
38	ASC	Claim count of claims with date of service w/in date range of report	022-ASC	Exclude C/T Y				
39	Birth Centers	Claim count of claims with date of service w/in date range of report	023-Other Health Care Providers	Exclude C/T Y	212- Birth Centers			
40	Chiropractor	Claim count of claims with date of service w/in date range of report	023-Other Health Care Providers	Exclude C/T Y	213- Chiropractor			
41	Dietician	Claim count of claims with date of service w/in date range of report	023-Other Health Care Providers	Exclude C/T Y	214- Dietician			
42	Physical Therapist	Claim count of claims with date of service w/in date range of report	023-Other Health Care Providers	Exclude C/T Y	215- Physical Therapist			
43	Podiatrist - Emergency	Claim count of claims with date of service w/in date range of report	023-Other Health Care Providers	Exclude C/T Y	216- Podiatrist	Include POS 23 (ER)		
44	Podiatrist	Claim count of claims with date of service w/in date range of report	023-Other Health Care Providers	Exclude C/T Y	216- Podiatrist	Exclude POS 23 (ER)		
45	Hearing Services	Claim count of claims with date of service w/in date range of report	024-Hearing Services	Exclude C/T Y				

COS	Category	Description	Provider Type	C/T	Spec	POS	CPT Code	Rev Codes
46	NF	Claim count of claims with date of service w/in date range of report	11-Long Team Care	Exclude C/T W	119- IMD/NH State 120- IMD/NH Private 121- Nursing Home 123- Nursing Home Swing Bed (Hospital)			
47	ICF/MR	Claim count of claims with date of service w/in date range of report	11-Long Team Care	Exclude C/T W	117- ICFs/MR Private 118- ICFs/MR State 122- Idaho State School and Hospital			
48	Rehab Option	Claim count of claims with date of service w/in date range of report	013- REHABILITATIVE OPTION	Exclude C/T Y				
49	Institutional (Part A) Crossover	Claim count of claims with date of service w/in date range of report		W				
50	Institutional (Part B) Crossover	Claim count of claims with date of service w/in date range of report		X				
51	Professional Crossover	Claim count of claims with date of service w/in date range of report		Y				

COS	Category	Description	Provider Type	C/T	Spec	POS	CPT Code	Rev Codes
52	Managed Care - Case Mgt Fees	Management fees paid using state specific code used					HCASE	
53	Other Claims	Claim count of claims with date of service w/in date range of report	All claims that do not fall into one of the categories above.					

HEALTHY CONNECTIONS STANDARD GROUPING OF COUNTY WITHIN REGION FOR REPORTING

Last Change Date: 06/04/97

Region	Counties
1	05, 09, 11, 28, 40, 51, 53, 57, 76, 77
2	18, 25, 29, 31, 35, 54, 55, 75, 78
3	02, 14, 23, 37, 38, 44, 65, 66, 67
4	01, 08, 20, 43
5	07, 13, 16, 24, 27, 32, 34, 42, 60, 61
6	03, 04, 06, 15, 21, 36, 39, 70, 71, 72, 80
7	10, 12, 17, 19, 22, 26, 30, 33, 41, 50, 52, 56, 81
9	99
ALL	ALL

HISTORY PROFILE INDICATORS

Last Change Date: 10/19/01

Revised for Table Format: 04/26/05

Code	Description
D	Duplicated Drug Profile
F	Full History Profile
B	Ranking Profile
P	Summary History Profile

HISTORY RETENTION INDICATOR

Last Change Date: 05/22/97

Revised for Table Format: 04/26/05

Code	Description
987	2 Calendar Years
988	3 Calendar Years
989	4 Year
990	5 Year
991	10 Year
992	Calendar Week (Sunday through Saturday)
993	Six Calendar Months
994	Ten Calendar Months
995	Calendar Month
996	Calendar Quarter Year
997	Calendar Half Year
998	Calendar Year
999	Client's Entire History (Lifetime)

HYSTERECTOMY SERVICES

Last Change Date: 08/22/96

Revised for Table Format: 04/26/05

CPT Procedure Codes	
Code	Description
00846	Anesthesia for Radical Hysterectomy
00855	Anesthesia for Cesarean Section
00944	Anesthesia for Vaginal Hysterectomy
51925	Closure of vesicouterine with Hysterectomy
51597	Pelvic exenteration with or without hysterectomy
56308	Laparoscopic assisted vaginal hysterectomy
58150	Total abdominal hysterectomy
58152	Colpo-urethrocystopexy
58180	Supracervical abdominal hysterectomy
58200	Total abdominal hysterectomy, including partial vaginectomy
58210	Radical abdominal hysterectomy
58240	Pelvic exenteration for gynecological malignancy
58260	Vaginal hysterectomy
58262	Vaginal hysterectomy with removal of tubes and/or ovaries
58263	Vaginal hysterectomy with removal of tubes and/or ovaries, with repair of enterocele
58267	Vaginal hysterectomy with Colpo-urethrocystopexy
58270	Vaginal hysterectomy with repair of enterocele
58275	Vaginal hysterectomy with total or partial colpectomy
58280	Vaginal hysterectomy with total or partial colpectomy with repair of enterocele
58285	Vaginal Hysterectomy, radical
58951	Total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy
59135	Interstitial, uterine pregnancy requiring total hysterectomy
59525	Subtotal or total hysterectomy after cesarean delivery



ICD-9 Procedure Codes

Code	Description
683	Subtotal abdominal hysterectomy
684	Total abdominal hysterectomy
685	Vaginal Hysterectomy
686	Radical Abdominal Hysterectomy
687	Radical Vaginal Hysterectomy
688	Pelvic Evisceration

INVOICE MODE (Drug Rebate)

Last Change Date: 05/31/96

Code	Description
P	Paper
D	Diskette
B	Both

INVOICE STATUS (Drug Rebate)

Code	Description
D	Disputed Invoice
A	Invoice Under Appeal
Blank	Non-Disputed Invoice



LANGUAGE INDICATOR

Last Change Date: 03/19/96

Revision for Table Format: 04/27/05

Code	Description
AR	Arabic
CA	Cambodian
CH	Chinese
EN	English
FR	French
GE	German
HA	Haitian
HI	Hindi
HM	Hmong
HU	Hungarian
IT	Italian
JA	Japanese
KU	Kurdish
LA	Laotian
PL	Polish
PO	Portuguese
RM	Rumanian
RU	Russian
SE	Serbo-Croatian
SL	Sign Language
SP	Spanish
TH	Thai
VI	Vietnamese

LEVEL OF CARE CODES

Last Change Date: 06/04/96

Revised for Table Format: 04/27/05

Code	Description
020	Nursing Facility
027	ICFMR (Intermediate Care Facility for the Mentally Retarded)

LIST TYPES

Last Change Date: 9/07/00

Screen	Description	Value
RFAL	Aid Category List	J
RFAM	Age List	A
RFCL	County Code List	C
RFCT	Claim Type List	I
RFDI	Diagnosis List	D
RFDL	Drug List	N
RFML	Client List	H
RFPC	Procedure List	M
RFPC	Procedure List w/o Modifiers	W
RFPN	Provider Number List	K
RFPS	Place of Service List	S
RFPT	Provider Type List	P
RFRG	Revenue Code List	R
RFSP	Provider Specialty List	L
RFTO	Type of Service List	T

LOCK-IN-TYPES

Last Change Date: 06/04/96

Revised for Table Format: 04/27/05

Code	Description
EMR	Emergency
REV	Review
LOK	Lock-in
HSP	Hospice
HNH	Hospice Nursing Home



MALADAPTIVE BEHAVIOR (REWA)

Last Change Date: 06/04/96

Revised to Table Format: 04/27/05

Code	Description
00	None
01	Verbal Assault
02	Destroys Property
03	Dangerous to Self and Others

MANUFACTURER TERMINATION REASON CODES

Last Change Date: 08/21/96

Revision to Table Format: 04/27/05

Code	Description
001	Terminated from Drug Program per HCFA
002	Terminated from Drug Program per Manufacturer's Request

MARITAL STATUS (REWA)

Last Change Date:06/27/97

Revised to Table Format: 04/27/05

Code	Description
00	Never Married
01	Married
02	Divorced,/Widowed/Separated

MEDICARE TRANSPLANT FACILITY VALUES

Last Change Date: 06/03/96

Revision to Table Format: 04/27/05

Code	Description
01	Heart
02	JCHO Accreditation
03	Kidney
04	Liver
05	Lung
06	All

MEDICARE/MEDICAID INDICATOR

Last Change Date 03/03/97

Revised to Table Format: 04/27/05

Code	Description
1	Medicare
2	Medicaid
3	Both
0	Neither

MENTAL STATUS (REWA)

Last Change Date: 06/04/96

Revised to Table Format: 04/27/05

Code	Description
0	Alert Oriented
1	Sometimes Confused
2	Confused
3	Coma/Unconscious
4	Mentally Ill
5	Mental Retardation

MODIFIER PRICING ACTION CODE

Last Change Date 03/12/97

Code	Description
U	Add units
I	Informational only (does not affect base code price).
L	Lower of billed amount or ((RVU x conversion factor dollar amount) x Percent) x units of service; Percent: 62% for outpatient (type of bill = 131); 60% for non-patient (type of bill = 141)
M	Manual price required.
N	Replace the procedure code's Level III price with the modifier price.
P	Pay a percentage of the Level III file allowed amount.
R	RBRVS

MODIFIER RANK

Last Change Date 06/19/00

Code	Description
1	Rank modifier first for pricing purposes - currently used for all modifiers except for manual pricing modifiers. This is the default value for all modifiers until the Division of Health and Welfare notifies otherwise. When two or three modifiers share the same modifier rank, process in the order submitted.
2	Rank modifier second for pricing purposes - currently not used.
3	Rank modifier third for pricing purposes - currently not used.
4	Rank modifier fourth for pricing purposes - currently not used.
5	Rank modifier fifth for pricing purposes - currently not used.
6	Rank modifier sixth for pricing purposes - currently not used.
7	Rank modifier seventh for pricing purposes - currently not used.
8	Rank modifier eight for pricing purposes - currently not used.
9	Rank modifier last for pricing. Currently all manual price modifiers will share this rank. The end result is that manual keyed allowed amounts will always hold when the claim is paid.



NCPDP Prior Authorization Reject Reason Code Crosswalk

Updated 10/20/03

NCPDP PA Reject Codes (511-FB)

For existing Idaho AIM Values, convert codes from elig rej_cde in error_data structure to NCPDP reject codes.

Code	Description	Description
Idaho AIM FML Buffer Error Code Values (if different from NCPDP value):	NCPDP Values: ("M/I" means Missing/Invalid)	NCPDP Response Type: M = rejected Transmission A = rejected Transaction
	03 - M/I Transaction Code	M
	A9 - M/I Transaction Count	M
	B2 - M/I Service Provider ID Qualifier	M
	05 - M/I Pharmacy Number	M
	15 - M/I Date of Service	M
	AM - M/I Segment Identification	M
	PJ - M/I Insurance Segment	M
	07 - M/I Cardholder ID Number	M
	PC - Missing/Invalid Claim Segment	M
	EM - Missing/Invalid Prescription/Service Reference Number Qualifier	M
	16 - Missing/Invalid Prescription/Service Reference Number	M
	E1 - Missing/Invalid Product/Service ID Qualifier	M
	21 - Missing/Invalid Product/Service ID	M

Code	Description	Description
	E7 - Missing/Invalid Quantity Dispensed	M
	19 - M/I Days Supply	M
	17 - M/I Fill Number	M
	20 - M/I Compound Code	M
	EZ – M/I Prescriber ID Qualifier	M
	25 – M/I Prescriber ID	M
	PR - M/I Prior Authorization Segment	M
	2A – M/I Request Type	M
	3B – M/I Request Period Date-Begin	M
	3C - M/I Request Period Date-End	M
	3D – M/I Basis of Request	M
	3N – M/I Prior Authorization Number--Assigned	M
	3P – M/I Authorization Number	M
	50 - Non-Matched Pharmacy Number	A
	52 - Non-Matched Cardholder ID	A
	3R – Prior Authorization Not Required	A
	3T – Active Prior Authorization Exists Resubmit At Expiration of Prior Authorization	A
	3W – Prior Authorization in Progress	A
	3X – Authorization Number Not Found	A
	3Y – Prior Authorization Denied	A

Code	Description	Description
	92 - System Unavailable/Host Unavailable	A

NCPDP Eligibility Reject Reason Code Crosswalk

Updated 10/20/03

Reject Code Eligibility Crosswalk (511-FB)

For existing Idaho AIM Values, Convert codes from elig rej_cde in error_data structure to NCPDP reject codes.

Code	Description	Description
Existing Idaho AIM internal error code values (and X12 translated values):	NCPDP Values: ("M/I" means Missing/Invalid)	NCPDP Response Type: M=rejected Transmission, A=rejected Transaction
	03 - M/I Transaction Code	M
	A9=M/I Transaction Count	M
	PB=Invalid Transaction Count For This Transaction Code	M
	B2=M/I Service Provider ID Qualifier	M
	05=M/I Pharmacy Number	M
62=PastDOS (X12 code=51), 63=FutureDOS (X12 code=50), 57=InvalDOS (X12 code=06)	15=M/I Date of Service	M
	AM=M/I Segment Identification	M
	PK=M/I Patient Segment	M
	CX=M/I Patient ID Qualifier	M
	CY=M/I Patient ID	M
58=InvalDOB (X12 code=46)	09=M/I Birth Date	M
	PJ=M/I Insurance Segment	M
15=ReqDataMiss (X12 code=49), 67=RecipNotFound (X12 code=03)	07=M/I Cardholder ID Number	M
43=ProvNotFound (X12 code=02)	50=Non-Matched Pharmacy Number	A

Code	Description	Description
61=RecipDOD (X12 code=20), 57=LimInvalDOS (X12 code=48), 67=NoCardNumFnd (X12 code=30)	65=Patient Is Not Covered	A
55=LimProcNotFound (X12 code=47), 55=ProcNotFound (X12 code=13), 42=ProvTblErr (X12 code=17), 42=RecipTblErr (X12 code=18), 42=HCTblErr (X12 code=19), 42=TPLTblErr (X12 code=26), 42=LockTblErr (X12 code=29), 42=CardTblErr (X12 code=31), 42=BuyTblErr (X12 code=32), 68=MneDuplicate (X12 code=10)	92=System Unavailable/Host Unavailable	A



OCCURRENCE CODE TABLE

Last Change Date: 06/04/96

Code	Description
ACCIDENT RELATED CODES	
01	Auto Accident
02	No Fault Insurance
03	Accident/Tort Liability
04	Accident/Employment Related
05	Other Accident
06	Crime Victim
07-08	Reserved for national assignment
MEDICAL CONDITION CODES	
09	Start of Infertility Treatment Cycle
10	Last Menstrual Period (only when treated for maternity related condition)
11	Onset of Symptoms/illness
12	Date of Onset for a Chronically Dependent Individual
13-16	Reserved for national assignment
INSURANCE RELATED CODES	
17	Date outpatient occupational therapy plan established or last reviewed
18	Date of Retirement patient/Beneficiary
19	Date of Retirement Spouse
20	Guarantee of Payment Began
21	UR Notice Received
22	Date Active care Ended
23	Reserved for national assignment
24	Date Insurance Denied
25	Date Benefits Terminated by Primary Payer
26	Date SNF Bed Available
27	Date Home Health Plan established or last reviewed
28	Date Comprehensive outpatient rehabilitation plan established or last reviewed
29	Date outpatient physical therapy plan established or last reviewed
30	Date outpatient speech pathology plan established or last reviewed
31	Date beneficiary notified of intent to bill (accommodations)
32	Date beneficiary notified of intent to bill (procedures or treatments)
33	First day of the Medicare coordination period for ESRD beneficiaries covered by EGHP
34	Date of election of extended care facilities
35	Date treatment started for Physical Therapy
36	Date of inpatient hospital discharge for covered transplant patients
37	Date of Inpatient Hospital Discharge for Non-covered transplant Patient
38	Date treatment Started for Home IV Treatment
39	Date discharged on a continuous course of IV therapy
40	Scheduled Date of Admission
41	Date of First Test for Pre-Admission Testing
42	Date of Discharge
43	Scheduled Date of Canceled Surgery

Code	Description
44	Date treatment started for Occupational Therapy
45	Date treatment started for Speech Therapy
46	Date treatment started for Cardiac Rehabilitation
47-49	Payer codes, not to be used by Providers
50-69	Reserved for state assignment
A0	Reserved for national assignment
A1	Birth date - Insured A
A2	Insurance Effective Date - Insured A
A3	Benefits Exhausted
A4-A9	Reserved for national assignment
B0	Reserved for national assignment
B1	Birth date - Insured B
B2	Insurance Effective Date - Insured B
B3	Benefits exhausted
B4-B9	Reserved for national assignment
C0	Reserved for national assignment
C1	Birthdate - Insured C
C2	Insurance Effective Date - Insured C
C3	Benefits Exhausted
C4-I9	Reserved for national assignment
J0-L9	Reserved for state assignment

OCCURRENCE SPAN CODES AND DATES

Last Change Date: 06/04/96

Code	Description
70	Qualifying Stay for SNF Use Only. Dates represent at least a 3 day hospital stay that qualifies the patient for Medicare payment of SNF services billed. Code can be used only by SNF for billing.
71	Prior Stay. Dates represent patient hospital stay that ended within 60 days of this hospital or SNF admission.
72	Current Visit. Dates represent outpatient services. For use on outpatient bills only where the entire billing record is not represented by the actual From /Through service dates of locator 6, (Statement Covers Period).
73	Benefit Eligibility. Dates represent the period during which CHAMPUS medical benefits are available to a sponsor's beneficiary as shown on the beneficiary's ID card.
74	Noncovered Level of Care. Dates represent the period at a noncovered level of care in an otherwise covered stay, excluding any period reported by occurrence span code 76, 77 or 79.
75	SNF level of Care. Dates represent SNF level of care during an inpatient hospital stay. Code should be used only when the PSRO/PRO has approved the patient remaining in the hospital because of the nonavailability of an SNF bed. Code is not applicable to swing-bed cases. For hospitals under prospective payment, this code is needed in day.outlier cases only.
76	Patient Liability. Dates represent non-covered care for which the hospital is permitted to charge the Medicare beneficiary. Code should be used only where the PRO or intermediary has approved such charges in advance and patient has been notified in writing at least 3 days prior to the start date of this period.
77	Provider liability. Dates of non-covered care for which the provider is liable. Utilization is charged.
78	SNF Prior Stay. Dates represent any SNF or nursing home stay that ended within 60 days of this hospital or SNF admission.
79	Set aside for Payer use only. Providers do not use this code
80-99	Reserved for State Assignment
M0	PRO/UR Approved. Dates represent days that were approved when not all of the stay was approved.
M1-W9	Reserved for national assignment.
X0-Z9	Reserved for state assignment.

Oral Cavity Designations

Last Change Date: 10/24/03

AIM values invalid effective 10/20/03 & HIPAA values valid effective 10/20/03

AIM	Description	HIPAA
-----	Entire Oral Cavity	00
UA	Maxillary Area	01
LA	Mandibular Area	02
-----	Other Area of Oral Cavity	09
UR	Upper Right Quadrant	10
UL	Upper Left Quadrant	20
LL	Lower Left Quadrant	30
LR	Lower Right Quadrant	40
-----	Left	L
-----	Right	R

Oxygen Certification Type Codes

Last Change Date: 4/10/03

Revision to Table Format: 04/27/05

Code	Description
I	Initial
R	Renewal
S	Revised

Oxygen Test Condition Codes

Last Change Date: 04/10/03

Revised to Table Format: 04/27/05

Code	Description
E	Exercising
R	At Rest on Room Air
S	Sleeping

Oxygen Test Findings Codes

Last Change Date: 4/10/03

Revised to Table Format: 04/27/05

Code	Description
1	Dependent edema suggesting congestive heart failure
2	"P" pulmonale on electrocardiogram (EKG)
3	Erythrocythemia with a hematocrit greater than 56 percent

PARENTAL SHARE TERMINATION REASON CODES

Last Change Date: 05/30/96

Revised to Table Format: 04/27/05

Code	Description
001	Child is deceased
002	Child changed aid categories
003	Child turned 18
004	Child lost Medicaid eligibility
005	Child's parents are deceased
006	Child changed level of care
007	Child not authorized for 24 hour PCS
011	Parent is deceased
012	Parent is incarcerated

PASARR DIAGNOSIS INDICATOR (REPA)

Last Change Date: 06/04/96

Code	Description
MI	Mentally Ill
MR	Mentally Retarded
IR	Both Mentally Ill and Retarded

PASARR DISPOSITION (REPA)

Last Change Date: 06/04/96

Code	Description
01	Nursing Facility with Developmentally (DD) Services
02	Nursing Facility with Mental Health Services
03	Home
04	ICF/MR
05	Psychiatric Hospital
06	Residential Care
99	Other

PASARR REVIEW TYPES (REPA)

Last Change Date: 06/04/96

Revised for Table Format: 04/27/05

Code	Description
I	Initial
A	Annual

PATIENT RELATIONSHIP TO INSURED (CLAIMS)

Last Change Date: 06/04/96

Revised Table Format: 04/27/05

Code	Description
01	Patient Is Insured
02	Spouse
03	Natural Child/Insured Financial Responsibility
04	Natural Child/Insured does not have Financial Responsibility
05	Step Child
06	Foster Child
07	Ward of the Court
08	Employee
09	Unknown
10	Handicapped Dependent
11	Organ donor
12	Cadaver donor
13	Grandchild
14	Niece/Nephew
15	Injured Plaintiff
16	Sponsored Dependent
17	Minor Dependent of a Minor Dependent
18	Parent
19	Grandparent
20-99	Reserved for national assignment

Patient Status/Discharge Codes

Last Change Date 04/14/2004

Code	Description
01	Discharged to Home or Self Care
02	Discharged/Transferred to Another short-term General Hospital
03	Discharged/Transferred to Skilled Nursing Facility (SNF)
04	Discharged/Transferred to an Intermediate Care Facility (ICF)
05	Discharged to another Type of Institution for inpatient care or referred for outpatient services (e.g. Hospice, Rehabilitation Facility)
06	Discharged/Transferred to Home Under Care of Organized Home Health Service Organization (Indicate in field 84 the status or location of client and time they left the hospital)
07	Left Against Medical Advice or discontinued care
08	Discharged/transferred to home under care of a home IV drug therapy provider
09	Admitted as an inpatient to the hospital (For Medicare outpatient claims only)
10-19	Discharge to be Defined at State Level, if Necessary
20	Expired (Or Did Not Recover)
21-29	Expired to be Defined at State Level, if Necessary
30	Not discharged, still a patient
31-39	Still Patient to be Defined at State Level, if Necessary
40	Hospice: Expired at Home
41	Hospice: Expired in a medical facility; hospital, SNF, ICF, or Free Standing Hospice
42	Hospice: Expired - Place Unknown
43-49	Reserved for national assignment
50	Hospice – Home
51	Hospice Medical facility
52-60	Reserved for national assignment
61	Discharged/transferred within this institution to hospital based Medicare approved swing bed
62	Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital (Effective Retroactive to 1/1/02)
63	Discharged/transferred to a Medicare certified long term care hospital (LTCH). (Effective 5/9/02)
64	Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare (Effective 10/01/02)
65-70	Reserved for national assignment
71	Discharged/transferred/referred to another institution for outpatient services as specified by the discharge plan of care. (To be discontinued on 4/1/03).
72	Discharged/transferred/referred to this institution for outpatient services as specified by the discharge plan of care (To be discontinued on 4/1/03).
73-79	Reserved for national assignment.

PAYMENT SCHEDULE

Last Change Date: 05/19/97

Revised Table Format: 04/27/05

Code	Description
A	System schedule with attachments
N	No schedule
Y	System schedule
R	Review
V	Verified; when the premiums have been reviewed and approved

PC/TC (PROFESSIONAL / TECHNICAL COMPONENT)

Last Change Date: 05/31/96

Revised Table Format: 04/27/05

Code	Description
0	Physician Service Codes
1	Diagnostic Tests For Radiology Services
2	Professional Component Only Codes
3	Technical Component Only Codes
4	Global Test Only Codes
5	Incident To Codes
6	Laboratory Physician Interpretation Codes
7	Physical Therapy Service
8	Physician Interpretation Codes
9	Not Applicable

Personal Care Threshold Amounts

Last Change Date 07/01/04

Effective Date	End Date	PCS Threshold Amount
01/02/1991	06/30/1991	\$120.96
07/01/1991	06/30/1992	\$133.76
07/01/1992	06/30/1993	\$144.00
07/01/1993	06/30/1994	\$148.48
07/01/1994	05/31/1995	\$153.60
06/01/1995	06/30/1998	\$163.84
07/01/1998	06/30/1999	\$182.40
07/01/1999	06/30/2000	\$189.40
07/01/2000	10/31/2000	\$195.20
11/01/2000	09/29/2001	\$191.36
09/30/2001	06/30/2002	\$204.16
07/01/2002	06/30/2003	\$209.92
07/01/2003	06/26/2004	\$214.56
06/27/2004	12/31/2382	\$219.52

PLACE OF RESIDENCE (REWA)

Last Change Date: 11/14/2001

Code	Description
0	Own Home
1	With Family (No longer a valid selection on REWA screen)
2	With Provider (No longer a valid selection on REWA screen)
3	With Non-Relative (No Longer a valid selection on REWA screen)
4	CHF (Certified Family Home)
5	RALF (Residential Assisted Living Facility)
6	Children's Foster Home

PLACE OF SERVICE CODES

Last Change Date 08/07/03

Code	Place of Service Description
00	Pharmacy/Supplier (End Date 10/18/2003)
03	School
04	Homeless Shelter
05	Indian Health Service. Free-standing Facility
06	Indian Health Service. Provider-based Facility
07	Tribal 638. Free-standing facility
08	Tribal 638. Provider-based Facility
11	Office
12	Home
13	Assisted Living Facility (Effective 10/1/2003)
14	Group Home (Effective 10/1/2003)
15	Mobile Unit
17	Well Child Clinic (End Date 10/18/2003)
18	Community (End Date 10/18/2003)
19	School (End Date 10/18/2003)
20	Urgent Care Facility
21	Inpatient Hospital
22	Outpatient Hospital
23	Emergency Room
24	Ambulatory Surgical Center
25	Birthing Center
26	Military Treatment Facility
31	Skilled Nursing Center
32	Nursing Facility
33	Custodial Care Facility
34	Hospice
35	Adult Day Care (End Date 10/18/2003)
39	Adult Day Care (End Date 10/18/2003)
41	Ambulance - Land
42	Ambulance - Air/Water
49	Independent Clinic (Effective 2003)
50	Federally Qualified Health Center (FQHC)
51	Inpatient Psychiatric Facility

Code	Place of Service Description
52	Psychiatric Facility-Partial Hospitalization
53	Community Mental Health Center
54	Intermediate Care Facility/Mentally Retarded
55	Residential Substance Abuse Treatment Facility
56	Psychiatric Residential Treatment Center
57	Non-residential Substance Abuse Treatment Facility (Effective 10/01/2003)
60	Well Child Clinic/Mass Immunization Center
61	Comprehensive Inpatient Rehabilitation Facility (CIRF)
62	Comprehensive Outpatient Rehabilitation Facility (CORF)
65	ESRD Treatment Facility
71	Public Health Clinic
72	Rural Health Clinic
81	Independent Laboratory
98	Private Non-Medical Institutions (PNMI) (End Date 10/17/2003)
99	Community/Other Unlisted Facility

PLAN CODE TYPE

Last Change Date: 05/30/96

Revised Table Format: 04/27/05

Code	Description
H	Healthy Connections
T	Third Party Recovery - Coverage Codes
N	Third Party Recovery Never Cost Avoid or Pay and Chase
P	Third Party Recovery Pay and Chase Criteria

PRACTICE DEFINITION

Last Change Date: 09/09/04

Code	Description
1	For profit private hospital
2	Free standing State owned hospital
3	Free standing District or County owned hospital
5	Non-profit hospital
6	Emergency room physician
7	Chain owned pharmacy
8	Hospital based pharmacy
9	Mail order pharmacy
10	Independently owned pharmacy
11	Hospital based home health
12	Non-hospital or non-Nursing Home based home health
13	Nursing Home based home health
14	Independent Laboratory
15	Physician based Laboratory
16	State Laboratory
17	Hospital based transportation by both ground and air.
18	Non-hospital based transportation by both ground and air.
19	Hospital based ambulance transportation by Fix Wing and rotary.
20	Non-hospital based ambulance transportation by Fix Wing and rotary.
21	Hospital ambulance transportation by ground only
22	Non-hospital ambulance transportation by ground only
23	Hospital based ambulance transportation by rotary only
24	Non-hospital based ambulance transportation by rotary only
25	Hospital based Nursing Home
26	Non-hospital based Nursing Home
27	Hospice associated with a Nursing Home
28	Hospice associated with a Home Health Agency
29	Free standing Hospice
30	Health district based Hospice
31	Hospital based Hospice
32	Federally Subsidized
33	Non-Federally Subsidized
34	Hospital based ambulance transportation fixed wing only
35	Non-hospital based ambulance transportation fixed wing only
36	340B Drug Pricing Program

PRICING ACTION CODES

Last Change Date: 03/31/05

Revised Table Format: 04/27/05

Code	Description
Revenue Code Pricing File	
3	Lower of billed or allowed amount
4	Pay as billed
5	Manual price - individual consideration. Set edit to suspend.
6	Manual price - no reasonable charge established. Set edit to suspend
9	Non-covered. Set edit to auto-deny.
P	Pay reimbursement percent from the Provider Rate File (Reimbursement/Accommodations - PRRM)
Level I Pricing File	
G	Pay client rate or lesser of billed or level 1 allowed amount (REUI Screen) Client Rate.
H	Level I price
I	Percentage of billed amount.
Level III Pricing File	
3	Lower of billed or allowed amount.
4	Pay as billed
5	Manual Price - Individual consideration. Set edit to suspend.
6	Manual Price - No reasonable charge established. Set edit to suspend.
9	Non-covered. Set edit to auto-deny.
A	Lower of billed amount or (relative value units (RVU) + billed units) x conversion factor dollar amount on file.
B	Unit price from PA
P	ICD-9 Surgical Codes Information only - no effect on pricing.
V	Relative Value (RVU x conversion factor dollar amount) x billed units.
R	RBRVS. (RBRVS relative value units x conversion factor dollar amount) x billed units.
T	Transitional Amount
O	Procedure code obsolete. Set edit to auto-deny.

Pricing Action Codes - Drug

Last Change Date: 09/15/04

Revised Table Format: 04/27/05

PAC	Calculation
1	Direct price (RFDR screen) x units
2	<p>Upper limit drug. FUL price (RFDR Screen) x units unless DAW indicator field on the claim is "1" (handwritten - dispense as written by physician); then use the direct price (if present) x units. If the direct price is not present, use the AWP x units.</p> <p>Note: Beginning 12/07/00, the above logic will no longer be valid for claims with dates of service 12/07/00 and after. For claims with dates of service 12/07/00 and after the following logic applies. If the segment on the RFDR screen with an ending date of 12/6/00 has a PAC of 2, then the new segment starting on 12/07/00 will be based on the SMAC or Discount AWP price.</p> <ul style="list-style-type: none"> • If the SMAC price is greater than zero but less than the Discount AWP price, then the PAC will become a 3. • If the Discount AWP price is greater than zero but less than the SMAC price, then the PAC will become a 5. • If both values are zero, then the PAC will remain a 2 and pay using the FUL price.
3	SMAC price (RFDR screen) x units.
4	Compound drug. Set edit to suspend for manual price.
5	Disc. AWP price (RFDR screen) x units.
6	Manual price drug. Set edit to suspend for price review.
7	State price (RFDR screen) x units.
9	Non-covered drug. Set edit to auto-deny
A	Pay as Billed.
D	Product selection allowed. If the DAW indicator field on the claim is "1" (handwritten - dispense as written noted by physician) pay the direct price (RFDR screen) x units; otherwise set edit to deny with EOB message "Product selection allowed in Idaho for this brand name drug". After 12/6/00, this is no longer a valid value.
F	DESI Drug. Set edit to auto-deny.
H	No rebate agreement. Set edit to auto-deny.
I	NDC no longer valid. Rebill with manufacture's NDC. Set edit to auto-deny.
N	Medical supply NDC. Set edit to auto-deny.
M	Manufacturer product not available. Set edit to auto-deny.

PAC	Calculation
O	OTC drug. Set edit to auto-deny.
R	Suspend for Review. Set edit.
U	Add units

PRIOR AUTHORIZATION REASON CODES

Last change date: 01/15/03

Code	Description
AA000	Default Free form text.
DE000	Dental X-ray & Justification.
DE001	Dental QMB.
DE002	Dental PW
ES000	PA Units cut back.
DR000	Not an FDA approved indication
DR001	No indication given
DR002	Lack of medical necessity
DR003	Incomplete PA form
DR004	Need additional documentation for continued payment
DR005	Patient on other sedating medications
DR006	Pended for pharmacist review
DR007	Additional information requested
ES001	PA Minimum rental.
ES002	PA maximum payment
ES003	PA Equipment property of DHW.
ES004	PA Supplies w/rental.
ES005	PA Previous rental payments.
ES006	PA Not eligible on dos
ES007	PA Supercedes previous auth.
ES008	PA Insurance EOB
ES009	PA No PA needed.
ES010	PA Under \$100.
ET00D	ITM Duplicate
PD001	PD RN /LPN supervised
PD002	PD Home health vs oversight.
PD003	PD Continued authorization
PR001	Client Disregard Message

IDAPA DENIAL CODES	
IA001	IDAPA 16.03.09070.01. Medical & Surgical
IA002	IDAPA 16.03.09095.01. Abortion (Title XIX)
IA003	IDAPA 16.03.09095.02. Abortion (State Funds)
IA004	IDAPA 16.03.09106. DME/Supplies
IA005	IDAPA 16.03.09106.03.a. WC (5yrs)
IA006	IDAPA 16.03.09106.03.ii. WC Criteria
IA007	IDAPA 16.03.09106.03.a.ii.(a). WC (manual)
IA008	IDAPA 16.03.09106.03.a.ii.(b). WC (standard)
IA009	IDAPA 16.03.09106.03.a.ii.(c). WC (lightweight)
IA010	IDAPA 16.03.09106.03.a.ii.(d). WC (ultralight)
IA011	IDAPA 16.03.09106.03.b. WC Criteria (electric)
IA012	IDAPA 16.03.09106.03.b.i. WC (disability).
IA013	IDAPA 16.03.09106.03.b.ii. WC (extreme weakness)
IA014	IDAPA 16.03.09106.03.d. WC (seating system)
IA015	IDAPA 16.03.09106.03.g. Electric hospital bed (EHB)
IA016	IDAPA 16.03.09106.03.g.i. EHB (criteria)
IA017	IDAPA 16.03.09106.03.g.ii. EHB (criteria)
IA018	IDAPA 16.03.09106.03.g.iii. EHB (criteria)
IA019	IDAPA 16.03.09106.03.h: CPAP
IA020	IDAPA 16.03.09106.03.h.i. CPAP (criteria)
IA021	IDAPA 16.03.09106.03.h.ii.. CPAP (criteria)
IA022	IDAPA 16.03.09106.03.i.: BiPAP
IA023	IDAPA 16.03.09106.03.i.i. BiPAP (criteria)
IA024	IDAPA 16.03.09106.03.i.ii. BiPAP (criteria)
IA025	IDAPA 16.03.09108.03. Hearing Aid (HA)
IA026	IDAPA 16.03.09108.03.. HA (responsibility)
IA027	IDAPA 16.03.09122. Vision Services
IA028	IDAPA 16.03.09122.04. Frames
IA029	IDAPA 16.03.09122.04.a. and b. Frames (criteria)
IA030	IDAPA 16.03.09122.05 Frames/glasses (responsibility)
IA031	IDAPA 16.03.09124. Prosthetics & Orthotics (P&O)
IA032	IDAPA 16.03.09124.02.b. P&O (replacement)
IA033	IDAPA 16.03.09124.02.c.. P&O (certification)
IA034	IDAPA 16.03.09124.03.d. P&O (limitations)
IA035	IDAPA 16.03.09124.03.e P&O (electronic)
IA036	IDAPA 16.03.09124.03.f. Shoes (criteria)

IA037	IDAPA 16.03.09124.03.g. Shoes (criteria)
IA038	IDAPA 16.03.09124.03.h. Corsets
ID001	IDAPA 16.03.01925.02.b. Dental (non-covered)
ID002	IDAPA 16.03.09125.02.f. Dental (dentures)
ID003	IDAPA 16.03.09125.02.bb. Dental (fixed bridge-work)
ID004	IDAPA 16.03.09125.02.dd. Dental (orthodontic)
ID005	IDAPA 16.03.09125.02.ee.. Dental (sealants)
ID006	IDAPA 16.03.01925.03.b. Dental (malocclusion)
ID007	IDAPA 03.09100.01.B Outside Coverage provided by Medicaid rules
ID008	IDAPA 03.09100.01.C Cosmetic, convenience or comfort reasons not a covered service
IT02R	IDAPA 16.03.09150. ITM
IT00C	IDAPA 16.03.09026. ITM
IT00D	Denied as a duplicate of another existing DR number
IT00I	IDAPA 16.03.09026. ITM
IT00L	IDAPA 16.03.09150. ITM
IT0LE	IDAPA 15.03.09150. ITM
ITLOS	IDAPA 16.03.09150. ITM
IT00M	IDAPA 16.03.09150. ITM
IT0MI	IDAPA 16.03.09015. ITM
IT00N	IDAPA 16.03.09150. ITM
IT0NA	IDAPA 16.03.09150. ITM
IT0NC	IDAPA 16.03.09065. ITM
ITNHC	IDAPA 16.03.09150 and 16.03.09014. ITM
IT0NR	IDAPA 16.03.09150. and 16.03.09014. ITM
IT0NT	IDAPA 16.03.09150. ITM
IT00O	IDAPA 16.03.09160. ITM
IT00P	IDAPA 16.03.09150. ITM
IT00Y	IDAPA 16.03.09026. ITM
ITINL	ITM or Dept require further info to support svc location
ITINS	IDAPA 16.03.09150. ITM
ITLMN	Non amb lack of medical nec for travel by mode selected
ITNAP	Service request available at a closer appropriate provider
ITSNC	Requested Service not covered

PRIOR AUTHORIZATION SERVICE CATEGORIES

Last Change Date: 03/17/99

Revised Table Format: 04/27/05

Code	Description
AB	ABORTIONS
AM	AMBULANCE - NON EMERGENCY
AN	ADMINISTRATIVELY NECESSARY DAYS
CM	PCS CASE MANAGEMENT
DD	COMMUNITY SUPPORTS - DD WAIVER
DE	Dental
DR	DRUGS
DS	DDC DEVELOPMENTAL DISABILITY SERVICES
ES	DURABLE MEDICAL SUPPLIES
HA	HEARING AID
MH	MENTAL HEALTH REHABILITATION
MI	TARGETED CASE MANAGEMENT FOR MENTALLY ILL
MP	MEDICAL PROCEDURES IN EXCESS OF STATE PLAN
NU	NUTRITION SUPPLIES
OP	OPTICAL
OX	OXYGEN
PA	PASARR
PC	PERSONAL CARE SERVICES
PD	PRIVATE DUTY NURSING
PO	PROSTHETICS AND ORTHOTICS
PR	INPATIENT HOSPITAL STAY
SC	EPSDT SERVICE COORDINATION
TA	TRANSPORTATION/ANCILLARY CHARGES
TC	COMMERCIAL/ANCILLARY CHARGES
TI	OTHER TRANSPORTATION
TR	TRANSPORTATION
TS	TARGETED SERVICE COORDINATION FOR DD
TB	TRAUMATIC BRAIN INJURY
WC	WHEELCHAIRS

PRIOR AUTHORIZATION STATUS

Last Change Date: 06/04/96

Code	Description
PA Status	
A	Approved
C	Canceled/Closed
D	Denied
E	Exhausted/Closed
I	Informational
P	Pended
Appeal Status	
N	Under Appeal
Y	Under Appeal
R	Appealed and Approved (Prior decision reversed
U	Appealed and Denied (Prior decision upheld

PRIOR AUTHORIZATION TYPES

Last Change Date: 06/04/96

Revised Table Format: 04/27/05

Code	Description
01	State - Medicaid Policy and Reimbursement
02	State - EPSDT
03	State - Dental
04	EDS
05	ITM Transportation
06	Pro-West
Regional Medicaid Units	
21	Regional Medical Unit 1
22	Regional Medical Unit 2
23	Regional Medical Unit 3
24	Regional Medical Unit 4
25	Regional Medical Unit 5
26	Regional Medical Unit 6
27	Regional Medical Unit 7
Regional Access Units	
31	Regional Access Unit 1
32	Regional Access Unit 2
33	Regional Access Unit 3
34	Regional Access Unit 4
35	Regional Access Unit 5
36	Regional Access Unit 6
37	Regional Access Unit 7
Regional Mental Health Units	
41	Regional Mental Health Authority 1
42	Regional Mental Health Authority 2
43	Regional Mental Health Authority 3
44	Regional Mental Health Authority 4
45	Regional Mental Health Authority 5
46	Regional Mental Health Authority 6
47	Regional Mental Health Authority 7

PROCEDURE MODIFIERS TABLE

Last Change Date: 10/20/03

Codes	Description
20	Microsurgery (Not valid after 12-31-98)
21	Prolonged Eval And Management
22	Unusual Procedural Services
23	Unusual Anesthesia
24	Unrelated E&M Service By The Same Physician
25	Significant Separately Identifiable E&M Service
26	Professional Component
32	Mandated Service
47	Anesthesia By Surgeon
50	Bilateral Procedure
51	Multiple Procedures
52	Reduced Services
53	Discontinued procedure
54	Surgical Care Only
55	Post-Op Management Only
56	Preoperative Management Only
57	Decision For Surgery
58	Stage Or Related Procedure Or Service By Same Physician During Post-Op Period
59	Distinct procedural service
62	Two Surgeons
66	Surgical Team
70	Hospice modifier – Urban
76	Repeat Procedure Same Physician
77	Repeat Procedure An Another Physician
78	Return To Operating Room For A Related Procedure During Post-Op Period
79	Unrelated Procedure Or Service By Same Physician During Post-Op Period
80	Assistant Surgeon
81	Minimum Assistant Surgeon
82	Assistant Surgeon

Codes	Description
90	Reference Laboratory
99	Multiple Modifiers
AA	Air ambulance/anesthesia performed personally by anesthesiologist
AB	Medical direction of own employees by anesthesiologist (no more than 4 individuals) INACTIVE as of 10/19/03
AC	Medical direction of other than own employees by anesthesiologist (no more than 4) INACTIVE as of 10/19/03
AE	Direction Of Residents, Not More Than Two Concurrent Anesthesia Services. INACTIVE as of 10/19/03
AF	Anesthesia complicated by total body hypothermia
AG	Anesthesia – Unusual circumstances – Age
AH	All Other Provider Types
AJ	Clinical social worker
AK	Nurse practitioner-Rural-team member
AL	Nurse practitioner-Non-rural-team member
AM	Physician, team member service
AN	PA services for other than assistant-at-surgery, non-team member
AP	Determination of refractive state not performed in course of diagnostic Ophthalmological exam.
AR	Return Trip INACTIVE as of 10/19/03
AS	Assistant surgery Mid-Level Practitioner
AT	Service A2000 For Acute Treatment
AU	PA for other than assistant-at-surgery, team member
AV	Nurse practitioner-Rural-non-team member
AW	Clinical nurse specialist-non-team member
AY	Clinical nurse specialist-team member
BP	The Beneficiary Has Elected To Purchase The Item.
BR	The Beneficiary Has Elected To Rent The Item.
BU	The Beneficiary After 30 Days Has Not Informed The Supplier Of His/Her Decision.
CC	Procedure Code Change
CI	EPSDT screening is done & client is treated by the EPSDT screener INACTIVE as of 10/19/03. Replaced with EP.
DD	Powdered Enteral Formula INACTIVE as of 10/19/03
E1	Upper left, eyelid
E2	Lower left, eyelid

Codes	Description
E3	Upper right, eyelid
E4	Lower right, eyelid
EG	Anesthesia-emergency
EH	Ambulance trip from ECF/NH to hospital INACTIVE as of 10/19/03
EJ	Subsequent Claim
EM	Emergency Reserve Supply
EP	Service provided as part of Medicaid EPSDT program
ES	EPSDT Screening Is Done And No Referral Is Made
F2	Left hand, second digit
F5	Right hand, thumb
F7	Right hand, third digit
F9	Right hand, fifth digit
FA	Left hand, thumb
FD	Anesthesia – Unusual circumstances – field avoidance
FS	Unrelated To Surgery During Post-Op Care Period INACTIVE as of 10/19/03
GA	Waiver Of Liability Statement On File
G1	Most recent urea reduction ratio (URR) reading of less than 60
G2	Most recent urea reduction ratio (URR) reading of 60 to 64.9
G3	Most recent urea reduction ratio (URR) reading of 65 to 69.9
G4	Most recent urea reduction ratio (URR) reading of 70 to 74.9.
G5	Most recent urea reduction ratio (URR) reading of 75 or greater.
G6	ESRD patient for whom less than six dialysis session have been provided in a month.
G7	Pregnancy resulted from rape or incest or pregnancy certified by physician as life threatening.
G8	Monitored anesthesia care (MAC) for deep complex, complicated, or markedly invasive surgical procedure.
G9	Monitored anesthesia care for patient who has history of severe cardio-pulmonary condition.
GX	Service not covered by Medicare. INACTIVE as of 10/19/03
HE	Ambulance trip from hospital to ECF/NH INACTIVE as of 10/19/03
HH	Multiple Runs Same Day
HI	Trip From Hospital To Site Of Transfer(Airport)
HN	Trip From Hospital To ECF Or NH
HP	Physician Visit In Hospital Setting INACTIVE as of 10/19/03
HR	From Hospital To Residence

Codes	Description
HT	From One Hospital To Another For Services And Return INACTIVE as of 10/19/03
IH	From Site Transfer Between Modes Of Ambulance Transport To Hospital (Airport)
K0	Lower Extremity Prosthesis Function Level 0
K1	Lower Extremity Prosthesis Function Level 1
K2	Lower Extremity Prosthesis Function Level 2
K3	Lower Extremity Prosthesis Function Level 3
K4	Lower Extremity Prosthesis Function Level 4
KA	Add On Option/Accessory For Wheel Chair
KB	16 Square Inches Or Less – INACTIVE as of 12-31-00
KC	But Less Than Or Equal To 48 Square Inches – INACTIVE as of 12-31-00
KD	More Than 48 Square Inches – INACTIVE as of 12-31-00
KE	1 Ounce – INACTIVE as of 12-31-00
KF	1 Linear Yard – INACTIVE as of 12-31-00
KG	1 Cubic Foot – INACTIVE as of 12-31-00
KH	DMEPOS Item Initial Claim Purchase Or First Month Rental
KI	DMEPOS Item Second Or Third Month Rental
KJ	DMEPOS Item Parental Enteral Nutrition (Pen) Pump Or Capped Rental Months Four To Fifteen
LC	Left circumflex coronary artery
LD	Left anterior descending coronary artery
LR	Laboratory-round trip
LT	Left Side Of The Body
MD	Physician INACTIVE as of 10/19/03
MS	Six Month Maintenance And Servicing Fee For Reasonable And Necessary Parts/Labor
NH	Trip From An ECF Or NH To Hospital
NN	Trip From An ECF/NH To Another ECF/NH
NP	Trip From An ECF/NH To Physician's Office
NR	Trip From ECF/NH To Residence
NU	New DME Purchase
P1	Anesthesia-unusual circumstances-patient status normal
P2	Anesthesia-unusual circumstances-patient status is mild systemic disease
P3	Anesthesia-unusual circumstances-patient status is severe systemic disease
P4	Anesthesia-unusual circumstances-patient status is threat to life

Codes	Description
P5	Anesthesia-unusual circumstances-patient status is moribund
PH	From Physicians' Office To Hospital
PN	Nurse practioner in Mental Health clinic INACTIVE as of 10/19/03
PS	Anesthesia-unusual circumstance-position
PT	Anesthesia-unusual circumstances-patient hypotension
PX	Physician Extender
Q1	Documentation on file for ambulance or non-ambulance patients indicated mycosis/dystrophy of toenail
Q4	Service for ordering/referring physician qualifies as a service exemption
Q5	Service furnished by a substitute physician under reciprocal billing arrangement
Q6	Service furnished by a Locum Tenens physician
Q8	Two Class B findings
Q9	One Class B and two Class C findings
QB	Physician providing service in a Rural area
QE	Prescribed Amount Of Oxygen Is Less Than 1 Liter Per Minute
QF	Prescribed Amount Of Oxygen Exceeds 4 Lpm/Portable Prescribed
QG	Prescribed Amount Of Oxygen Is Greater Than 4 Lpm
QK	Medical direction of 2, 3, or 4 concurrent anesthesia procedures involving qualified individuals
QP	Documentation is on file showing that the lab test(s) was ordered individually or ordered as a CPT-recognized panel other than automated profile codes (80002-80019, G0058-G0060)
QR	Repeat laboratory test performed on the same day INACTIVE as of 10/19/03
QS	Monitored anesthesia care services
QU	Physician providing service in Urban HPSA
QW	CLIA-waived test
QX	CRNA service with medical direction by a physician
QZ	CRNA service without medical direction by a physician
RA	Ambulance Trip From Residence To Office INACTIVE as of 10/19/03
RC	Right coronary artery
RE	Trip From Residence To ECF/NH INACTIVE as of 10/19/03
RH	Ambulance-client residence to hospital
RN	Ambulance from patients residence to a SNF
RO	EPSDT Patient Is Referred To Another Provider Outside The RH Clinic INACTIVE as of 10/19/03. Replaced with U6

Codes	Description
RP	Replacement And Repair
RR	Rental
RS	Treated And Released INACTIVE as of 10/19/03
RT	Rt Side Of The Body
SG	Ambulatory surgical center (ASC) facility service
SH	Scene Of Accident To Hospital
T1	Left foot, second digit
T2	Left foot, third digit
T3	Left foot, fourth digit
T4	Left foot, fifth digit
T5	Right foot, great toe
T6	Right foot, second digit
T7	Right foot, third digit
T8	Right foot, fourth digit
T9	Right foot, fifth digit
TA	Left foot, great toe
TC	Technical Component
TH	Anesthesia-unusual circumstances-total body hypothermia
U6	EPSDT Patient Is Referred To Another Provider Outside The RH Clinic
UC	Unclassified Ambulance Service
UE	Used DME Purchase
VP	Aphakic patient
X1	Dressing Used As A Primary Or Secondary Dressing On One Surgical Or Debrided Wound – INACTIVE as of 12-31-00
X2	Dressing Used As A Primary Or Secondary Dressing On Two Surgical Or Debrided Wound – INACTIVE as of 12-31-00
X3	Dressing Used As A Primary Or Secondary Dressing On Three Surgical Or Debrided Wound – INACTIVE as of 12-31-00
X4	Dressing Used As A Primary Or Secondary Dressing On Four Surgical Or Debrided Wound – INACTIVE as of 12-31-00
X5	Dressing Used As A Primary Or Secondary Dressing On Five Surgical Or Debrided Wound – INACTIVE as of 12-31-00
X6	Dressing Used As A Primary Or Secondary Dressing On Six Surgical Or Debrided Wound – INACTIVE as of 12-31-00
X7	Dressing Used As A Primary Or Secondary Dressing On Seven Surgical Or Debrided Wound – INACTIVE as of 12-31-00

Codes	Description
X8	Dressing Used As A Primary Or Secondary Dressing On Eight Surgical Or Debrided Wound – INACTIVE as of 12-31-00
X9	Dressing Used As A Primary Or Secondary Dressing On Nine Surgical Or Debrided Wound – INACTIVE as of 12-31-00
XA	Added To E0776/Nutrition Administered By Gravity Pump – INACTIVE as of 12-31-00
XO	Outpatient non-emergency services
XX	From Home ECF/NH To Physicians' Office Then To Hospital – INACTIVE as of 12-31-00
YY	Second surgical opinion – INACTIVE as of 12-31-1996
ZU	Patient Advises Of Potential Medicare Denial INACTIVE as of 10/19/03
ZX	Requirements Of Medical Policy Have Been Met And Are Available In The Suppliers Records INACTIVE as of 10/19/03
ZY	Potentially Noncovered Item Or Service Billed For Denial Or At The Beneficiary's Request – INACTIVE as of 12-31-00

PROCEDURE / DIAGNOSIS / REVENUE CODE STATUS (HEADER)

Last Changed 06/04/96

Revised Table Format: 04/27/05

Code	Description
A	Active
I	Inactive
E	Error
R	Review

PROGRAM ENTRY LEVEL OF CARE (REWA)

Last Change Date: 11/20/01

Code	Description
N	Nursing Facility
I	ICF/MR
H	State (ISSH) ICF/MR
S	State Plan (No longer a valid selection on REWA screen)
T	TBI (No longer a valid selection on REWA screen)

PROGRAM ENTRY STATUS (REWA)

Last Change Date: 06/04/96

Revised Table Format: 04/27/05

Code	Description
0	Institution
1	Community

PROVIDER APPLICATION REJECT REASONS

Last Change Date: 05/29/96

Revised Table Format: 04/27/05

Code	Description
01	Provider Enrollment Application Incomplete.
02	Failure to provide verification of current professional liability insurance.
03	Failure to provide appropriate credentials.
04	Applicant is not certified or licensed.
05	Certification or license previously revoked and/or suspended.
06	Failure to provide verification of current licensing from the State Board of
07	Failure to provide verification of current standing on the State Board of Nursing Registry
08	Minimum qualifications are not met.
09	Failure to provide vendor registration information.
10	Failure to pass the Criminal History Check.
11	Failure to provide criminal history check information.
12	Criminal history background checks absent or incomplete.
13	Sanctions exist against provider.
14	Failure to pass the Exemption Hearing.
15	Training requirements not completed.
16	Lack of adequate personal to provide proposed services.
17	TSC Only - agency or employees conflict of interest with other services provided.
18	Proposed services not covered under Rehabilitation Option.
19	Proposed services not allowable in Community Supports program.
20	Failure to provide verification of current professional liability insurance.
21	Failure to provide verification of current licensing from the State Board of
22	Failure to provide verification of current standing on the State Board of Nursing Registry
23	Failure to provide vendor registration information.
24	Failure to pass the Criminal History Check.
25	Failure to pass the Exemption Hearing.
26	Lack of cooperation with the Department.
27	Non-compliance with previous provider agreement.
28	History of complaints about services provided.
29	Unsatisfactory consumer satisfaction with services.
30	Failure to maintain records.
31	Failure to provide access to records.
32	Failure to comply with terms of previous contract.
33	Inappropriate assignation of contract services to another party.
34	A result of action taken by the SURS Committee.
35	Provider has discontinued services.
36	Your request to have provider number discontinued.

PROVIDER APPLICATION RETURN REASONS

Last Change Date: 01/29/02

Code	Long Description	Short Description
1	Enter provider name on Enrollment Application.	Name on application
2	Enter a FEIN or Social Security number on the W-9 form.	FEIN/SSN on W-9
3	Attach a W-9 (Federal Employee Identification Number documentation)	No W-9
4	Social Security Number not entered on enrollment application.	NO SSN
5	Enter the Pay-to address on the Enrollment Application.	PayTo add missing
6	Enter the complete Pay-to address on the Enrollment Application.	PayTo add incomplete
7	Enter phone number for Pay To address on enrollment application.	PayTo phone number
8	Attach DEA (Drug Enforcement Agency) documentation.	DEA
9	State license number not entered on enrollment application.	No license number
10	Effective date for state license not entered on enrollment application.	No eff date for lic
11	Attach a copy of current state license with valid expiration date.	No license
12	Certification number not entered on enrollment application.	No certificate #
13	Effective date for certification not entered on enrollment application.	No eff date for cert
14	Attach a copy of current certificate with valid expiration date.	No certificate
15	Attach CLIA certification.	CLIA
16	Effective date of CLIA number not entered on enrollment application.	No CLIA eff date
17	Indicate Yes or No for American Board of Medical Specialties.	Board specialties
18	Indicate Yes or No for hospital admitting privileges.	Admit privileges
19	Average number of hours of office services not entered on enrollment application.	No avg hours per wk
20	Indicate Yes or No for obstetric services provider.	Obstetric service
21	Indicate whether obstetric services include or exclude deliveries.	Obstetric delivery

Code	Long Description	Short Description
22	Psychiatric units for clients 21 and under must attach a copy of JCAHO accreditation.	JCAHO
23	Enter total number of Medicaid certified Nursing Home beds on the Application.	# NH beds
24	Attach PEDS Agreement.	PEDS
25	Clozapine care coordination service not indicated on enrollment application.	No cloz care service
26	Attach approval letter from Novartis, Ivax or Mylan for Clozapine care.	Clozapine
27	Workers compensation policy number not entered on enrollment application.	No work comp polic #
28	Workers compensation policy expiration date not entered on enrollment application.	No work comp exp dt
29	Attach a copy of workers compensation policy.	Workers comp
30	Professional liability insurance policy number not entered on enrollment application.	No prof liab ins #
31	Professional liability insurance expiration date not entered on enrollment applicatn.	No prof liab ins exp
32	Attach a copy of professional liability insurance policy.	Prof policy
33	Liability insurance policy number not entered on enrollment application.	No liab ins polic #
34	Liability insurance expiration date not entered on enrollment application.	No liab ins exp date
35	Attach a copy of liability insurance policy.	Liability policy
36	Contact address on enrollment application is incomplete.	Contact addr incompl
37	Phone number for contact address not entered on enrollment application.	No cont addr phone #
38	Enter complete Primary Service Location address in field 1 of Application.	Primary location
39	The indicated service location address is incomplete. Enter the complete address.	Serv addr incomplete
40	Enter the phone number for the indicated service location.	Serv loc phone #
41	Billing address on enrollment application is incomplete.	Billing addr incompl
42	Phone number for billing address not entered on enrollment application.	Bill addr phone #
43	Home office address on enrollment application is incomplete.	No home office addr
44	Phone number for home office address not entered on enrollment application.	No home off phone #
45	Provider name on the Enrollment Application should be the group's business name.	Group business name
46	OPEN	OPEN

Code	Long Description	Short Description
47	Individual provider name not listed on affiliation roster.	Indiv not on roster
48	Group/Agency member SSN (Social Security Number) not entered on enrollment applicatn.	No group member SSN
49	OPEN	OPEN
50	Individual provider did not sign affiliation roster.	Indiv sign roster
51	Individual provider did not date affiliation roster.	Indiv date roster
52	Enter name of provider at top of the Agreement (must match name on application).	Name on agreement
53	Print name of person authorized to sign at the bottom of Agreement.	Authorized name
54	Enter position of person authorized to sign at the bottom of the Agreement.	Authorized position
55	Enter authorized signature at the bottom of the Provider Agreement.	Agreement sign
56	Enter date at the bottom of the Provider Agreement.	Agreement date
57	EFT Form: enter provider name.	EFT name
58	Provider number for electronic funds transfer not entered on enrollment application.	No EFT prov number
59	EFT Form: enter bank name.	EFT bank name
60	OPEN	OPEN
61	EFT Form: enter bank address.	EFT bank address
62	OPEN	OPEN
63	EFT Form: enter bank phone number.	EFT bank phone
64	EFT Form: enter account type.	EFT account type
65	EFT Form: sign the EFT form.	EFT sign
66	EFT Form: date the EFT form.	EFT date
67	EFT Form: attach a voided check to the EFT form.	EFT check
68	Indicate provider type on Enrollment Application.	Provider type
69	Select only one provider type.	One type
70	Indicate provider specialty on Enrollment Application.	Provider specialty
71	Select only one provider specialty on application.	One specialty
72	Select only one provider practice definition on application.	One definition
73	Provider specialty selected is not valid for the provider type selected on applicatn.	Invalid specialty
74	Enter total number of licensed hospital beds on the Enrollment Application	# hospital beds
75	OPEN	OPEN
76	Enter accommodation rate(s) on the application.	Accom rate
77	Enter accommodation rate(s) effective date(s) on the application.	Accom rate eff date
78	Send packet to State for definition of new provider.	State definition

Code	Long Description	Short Description
79	Send packet to appropriate enrolling entity.	Send enroll entity
80	Please return application to the RMU.	Return app to RMU
81	Reshab providers must indicate the agency affiliation.	ResHab mst ind agncy
82	No agency affiliation indicated in Section 4.	No agncy in sect 4
83	Attach optometrist medical certificate or select different specialty.	Specialty 087
84	No vision certificate required; select new specialty or return with no certificate.	Specialty 085/088
85	EFT Form: enter an electronic funds transfer transaction routing number.	EFT routing #
86	EFT Form: enter bank account number.	EFT account number
87	Signature required on Supplemental Agreement.	Sign Supp Agree
88	Date required on Supplemental Agreement	Date Supp Agree
89	Sign the W-9 form.	Sign W9
90	Provider name entered on the Agreement does not match name on the Application.	Name not match
91	Person listed as authorized to sign Provider Agreement must sign the agreement.	Authorized signature
92	Individual provider on Application must sign and date the Provider Agreement.	Individual sign/date
93	Enroll only one individual or entity on a single application.	Only one enrollment
94	Indicate the Idaho Medicaid provider number on roster for the individual indicated.	Prov # not on roster
95	List effective date for each provider's affiliation on the group roster.	Eff date on roster
96	List the Idaho Medicaid group number(s) on the affiliation roster.	Group prov number
97	Individual provider type must match the group provider type.	Indiv & group type
98	Clinic Staff Roster: enter the effective date for the staff member listed.	CSR effective dates
99	Clinic Staff Roster: add indicated person to the affiliation roster.	CSR staff
100	Name on W-9 doesn't match Pay-to name on application.	Pay-to name on W-9
101	Enter only one Pay-to address on the Enrollment Application.	Only 1 pay-to
102	Enter the complete Physical address on the MH Clinic Physical Location form.	Physical address
103	Attach appropriate documentation for each person providing Medicaid services.	Clinic staff docum
104	Attach a copy of license or certificate that covers requested effective date.	Postdate lic/cert

Code	Long Description	Short Description
105	Attach a copy of Medicare certification.	Medicare cert
106	Validate Medicare number with an EOB or RA for a current paid claim.	Medicare EOB/RA
107	Indicate provider practice definition on Enrollment Application.	Practice definition
108	Oral and Maxillofacial Surgeons must have both Physician and Dental provider numbers.	Specialty 026
109	Electronic Claims Submission Form: enter provider name on page 1.	ECS provider name
110	Electronic Claims Submission Form: enter provider name/address/phone on page 2.	ECS name/add/phone
111	Electronic Claims Submission Form: sign and/or date on page 2.	ECS sign/date
112	Electronic Claims Submission Form: sign the request for ECMS-PC software on page 2.	ECS sign ECMS-PC
113	Signature on File Form: enter exact words to be used for signature.	SFF exact words
114	Signature on File Form: authorized person must sign and date the form.	SFF sign/date
115	Proof of automobile liability insurance cannot be handwritten.	Ins handwritten
116	Insurance must be in name of provider or show proof applicant is a covered driver.	Ins covered driver
117	Insurance must indicate policy start and end dates.	Ins start/end dates
118	Automobile liability insurance must show required minimums.	Insurance minimums
119	Attach a description of marketing efforts and example of advertising.	Marketing efforts
120	Attach a rate schedule.	Rate schedule
121	Attach a statement that the provider will not submit claims for transporting clients.	Insurance exemption
122	Supplemental Transportation Agreement: enter provider name/address at top of page 1.	STP name/address
123	Supplemental Transportation Agreement: initial provider specialty in Section 2.3.	STP provider type
124	Supplemental Transportation Agreement: enter provider name on page 7.	STP name p.7
125	Provider name on Supplemental Agreement does not match name on Application.	SA match Application
126	Provider name on Supplemental Agreement does not match name on Provider Agreement.	SA match Agreement
127	Indicate fiscal year end on application.	Fiscal year end
128	Held for further action. No letter sent.	Held for action
129	Claims returned. Please hold all claims until you receive your provider number.	Claims returned

Code	Long Description	Short Description
130	Attach a copy of the MH Clinic Physical Location form for each clinic location.	MHC location
131	Mental Health Clinic Physical Location: sign and/or date the form.	MHC sign/date
132	Mental Health Clinic Physical Location: enter address and/or telephone number.	MHC address/number
133	Mental Health Clinic Physical Location: complete "check-off" list.	MHC check-off list
134	Attach a written description of ownership, incorporation, partnership, etc.	MHC ownership
135	Attach a written description of staff supervision by physician.	MHC supervision
136	Attach a signed copy of contract between the supervising physician and the Clinic.	MHC physician
137	Both parties must sign the Mental Health clinic and supervising physician contract.	MHC sign agreement
138	Attach proof that a licensed psychologist supervises psychologist extenders.	MHC extenders
139	Person indicated on the Staff Affiliation Roster is not eligible to provide services.	MHC staff ineligible
140	Date the W-9 form.	Date W-9
141	Send copy of diabetes educator certificate for persons providing Medicaid services.	Diabetes Cert

PROVIDER ELECTRONIC CLAIM SUBMISSION (ECS) INDICATORS

Last Change Date: 1/09/98

Revised Table Format: 04/27/05

Code	Description
(blank)	Cannot bill electronically
N	Does not submit electronically
E	Bills electronically with ECMS-PC using bulletin board
P	Bills electronically with ECMS-PC using tape
T	Bills electronically with X12 using tape
X	Bills electronically with X12 using bulletin board

PROVIDER ENROLLMENT PACKET TYPE

Last Change Date: 05/29/96

Revised Table Format: 04/27/05

Code	Description
01	Medical Packet
02	Individual Care Packet
03	Health Services Packet
04	Institutional Packet
05	None

PROVIDER ENROLLMENT TRACKING SYSTEM (ETS) ENROLLMENT TYPE

Last Change Date: 05/29/96

Revised Table Format: 04/27/05

Code	Description
1	Initial Enrollment
2	Annual Recertification
3	Reenrollment

PROVIDER ENROLLMENT TRACKING SYSTEM (ETS) STATUS

Last Change Date: 09/03/96

Revised Table Format: 04/27/05

Code	Description
A	Initial Request
B	Packet Sent
C	Packet Received
D	Returned Packet to Provider
E	Corrected Packet Received
F	EFT Data Review Complete
G	License Review
H	Cert. Review Complete
I	Sanction Check Complete
J	Insurance Verif. Complete
K	Provider Enrolled
L	Provider Rejected

PROVIDER LOCALITY CODES

Last Change Date: 05/29/96

Revised Table Format: 04/27/05

Code	Description
I	In-State
B	Border
O	Out-of-State

PROVIDER NAME TYPE

Last Change Date: 05/29/96

Revised Table Format: 04/27/05

Code	Description
1	Individual
2	Institutional/Business

PROVIDER NUMBER CHANGE REASON

Last Change Date: 06/03/96

Revised Table Format: 04/27/05

Code	Description
001	State Request
002	Provider Request
003	Change of Ownership
004	Duplicate Number

Provider On Review Codes

Last Change Date: 09/29/04

Code	Description
02	Procedure Suspect
03	Diagnosis Suspect
04	All Claims Suspect
06	Revenue Code Suspect
07	NDC Suspect
10	SUR
11	Medical Policy
12	Crossovers only

PROVIDER ORGANIZATION TYPE

Last Change Date: 06/03/96

Revised Table Format: 04/28/05

Code	Description
0	Individual
1	Group
2	Hospital

PROVIDER PRICING INDICATORS (PPI)

Last Change Date: 11/21/96

Revised Table Format: 04/28/05

Code	Description
A	Level I first, then Level III
B	Reimbursement/Accommodation Rate
C	NDC File
D	Level I
G	Reimbursement/Accommodation Rate, Level I, Level III
H	NDC File and Level I/III File
I	Reimbursement/Accommodation Rate, NDC File, and Level I/III File

PROVIDER SPECIALTY CODES

Last Change Date: 03/22/99

Code	Description
001	Childrens' Hospital
002	General Acute Hospital
003	Free Standing Psychiatric Hospital
004	Indian Health Service Hospital
005	Rehabilitative Hospital
006	Idaho State School and Hospital
007	Dialysis Unit
008	OPEN
009	OPEN
010	OPEN
011	OPEN
012	Diagnostic Service
013	Mental Health Clinics
014	PWC Clinic
015	Speech and Hearing Clinic (ISSH)
016	Regional Mental Health Clinic
017	Diabetes Clinic
018	OPEN
019	OPEN
020	OPEN
021	Denturist
022	Endodontist
023	General Dentistry
024	Geriodontist
025	Oral Pathologist
026	Oral and Maxillofacial Surgeons
027	Orthodontist
028	Pedodontist
029	Periodontist
030	Prosthodontist
031	Dental Multi-Specialty Group
032	Idaho State School and Hospital
033	OPEN
034	OPEN
035	OPEN
036	OPEN
037	Allergist
038	Anesthesiologist
039	Cardiologist
040	Cytopathologist
041	Dermatologist
042	Dermatopathologist

Code	Description
043	Endocrinologist
044	Family Practice
045	Gastroenterologist
046	General Internist
047	General Practice/Emergency Medicine
048	General Surgery
049	Gerintologist
050	Hematologist
051	Immunologist
052	Neonatalogist
053	Neuro-Surgeon
054	Neurologist
055	Nuclear Radiologist
056	OB\GYN
057	Occupational Medicine
058	Oncologist
059	Ophthamologist
060	Orthopedic Surgeon
061	Otolaryngologist (ENT)
062	Pathologist
063	Pediatric Cardiologist
064	Pediatric Internist
065	Pediatric Oncologist
066	Pediatrician
067	Physiatrist (physical medicine and rehabilitation)
068	Plastic\Reconstructive Surgeon
069	Proctologist (Colorectal)
070	Psychiatrist
071	Pulmonologist
072	Radiologist
073	Rheumatologist
074	Thoracic Surgeon
075	Urologist
076	Vascular Surgeon
077	Physician Multi-Specialty Group
078	Idaho State School and Hospital
079	Contract Radiologist
080	OPEN
081	OPEN
082	OPEN
083	OPEN
084	OPEN
085	Optician
086	Optometric Supplies
087	Optometrist (Medical/Certification)
088	Optometrist
089	OPEN
090	OPEN
091	OPEN

Code	Description
092	Pharmacist
093	Unit Dose Pharmacy
094	Both
095	Idaho State School and Hospital
096	OPEN
097	OPEN
098	OPEN
099	OPEN
100	Home Health
101	OPEN
102	OPEN
103	Laboratory Independent
104	Contract Laboratory
105	OPEN
106	OPEN
107	Air Ambulance
108	Ambulance - Emergency & Non-Emergency
109	Non-emergent - Commercial
110	Individual Transportation Provider
111	Agency Transportation
112	Non-Medical Waiver Transportation
113	OPEN
114	OPEN
115	OPEN
116	OPEN
117	ICFs/MR Private
118	ICFs/MR State
119	IMD/NH State
120	IMD/NH Private
121	Nursing Home
122	Idaho State School and Hospital
123	Nursing Home Swing Bed - Hospital
124	OPEN
125	OPEN
126	OPEN
127	Hospice
128	OPEN
129	OPEN
130	Developmental Disability Centers
131	Rehab Mental Health Services
132	School Based Services
133	OPEN
134	OPEN
135	OPEN
136	OPEN
137	Durable Medical Equipment and Supplies
138	Pharmacy Supplier of Durable Medical Equipment
139	Certified Prosthetic and Orthotic Supplier
140	Supplies only

Code	Description
141	Waiver Vendors
142	OPEN
143	OPEN
144	OPEN
145	Independent Personal Care Services Provider - DD
146	Independent Personal Care Services Provider
147	Independent Supervising QMRP
148	Aged and Disabled Services
149	Independent Miscellaneous
150	Adult Residential Care
151	OPEN
152	OPEN
153	OPEN
154	Certified Nurse Midwife
155	Certified Registered Nurse Anesthetist
156	Nurse Practitioner
157	Physician Assistant
158	Psychiatric Nurse Practitioner
159	OPEN
160	OPEN
161	OPEN
162	OPEN
163	Independent Supervising Registered Nurse (PCS)
164	Licensed Practical Nurse Independent (PDN)
165	Nursing Agency (PDN)
166	Registered Nurse Independent (PDN)
167	Registered Nurse Independent (EPSDT Screener)
168	Registered Nurse Services Independent DD Waiver
169	Registered Nurse Services Agency DD Waiver
170	OPEN
171	OPEN
172	OPEN
173	OPEN
174	DD Service Coordinator
175	EPSDT Service Coordinator
176	Mental Health Case Management
177	Personal Care Services Case Management
178	Pregnant and Parenting Teen
179	OPEN
180	OPEN
181	OPEN
182	OPEN
183	OPEN
184	Behavior Consultation/ Crisis Management
185	Chore Services
186	Environmental Modifications to the home
187	Home delivered meals
188	Personal Emergency Response Systems
189	Residential Habilitation - QMRP

Code	Description
190	Residential Habilitation - Agency
191	Residential Habilitation - Independent
192	Respite Care
193	Supported Employment Services
194	TBI (Traumatic Brain Injury)
195	OPEN
196	OPEN
197	OPEN
198	OPEN
199	District Health Departments
200	Indian Health Services Clinics
201	Rural Health Clinics
202	OPEN
203	OPEN
204	OPEN
205	OPEN
206	Federally Qualified Health Center
207	OPEN
208	OPEN
209	Freestanding ASC
210	OPEN
211	OPEN
212	Birth Centers
213	Chiropractor
214	Dietician
215	Physical Therapist
216	Podiatrist
217	Social Worker
218	Radiology Technical Services
219	OPEN
220	OPEN
221	OPEN
222	OPEN
223	OPEN
224	OPEN
225	OPEN
226	OPEN
227	OPEN
228	OPEN
229	Audiologist
230	Hearing Aide Vendor
231	OPEN
232	OPEN
233	OPEN
234	Managed Care Organization
235	Independent Physician Organization (not used)
236	Physician\Hospital Organization (not used)
237	Preferred Provider Organization (not used)
238	Primary Care Case Management

Code	Description
239	OPEN
240	OPEN
241	OPEN
242	OPEN
243	OPEN
244	Access/RMU/RMHA
245	Contractor
246	DHW
247	Head Start
248	OPEN
249	OPEN
250	OPEN
251	OPEN
252	OPEN
253	Crossover only
254	OPEN
255	OPEN
256	OPEN
257	OPEN
258	OPEN
259	OPEN
260	OPEN
261	OPEN
262	OPEN
263	OPEN
264	OPEN
265	OPEN

PROVIDER SPECIALTY TYPE CROSS-REFERENCE WITH PROVIDER TYPE

Last Change Date: 03/22/99

NUMBER	TYPE	NUMBER	SPECIALTY
001	HOSPITAL	001	Childrens' Hospital
		002	General Acute Hospital
		003	Free Standing Psychiatric Hospital
		004	Indian Health Service Hospital
		005	Rehabilitative Hospital
		006	Idaho State School and Hospital
		007	Dialysis Unit
		008	OPEN
		009	OPEN
		010	OPEN
		011	OPEN
002	CLINIC	012	Diagnostic Service
		013	Mental Health Clinics
		014	PWC Clinic
		015	Speech and Hearing Clinic (ISSH)
		016	Regional Mental Health Clinic
		017	Diabetes Clinic
		018	OPEN
		019	OPEN
		020	OPEN
003	DENTAL	021	Denturist
		022	Endodontist
		023	General Dentistry
		024	Geriodontist
		025	Oral Pathologist
		026	Oral and Maxillofacial Surgeons
		027	Orthodontist
		028	Pedodontist
		029	Periodontist
		030	Prosthodontist
		031	Dental Multi-Specialty Group
		032	Idaho State School and Hospital
		033	OPEN
		034	OPEN
		035	OPEN
		036	OPEN
004	PHYSICIANS	026	Oral And Maxillofacial Surgeons
		037	Allergist
		038	Anesthesiologist
		039	Cardiologist

NUMBER	TYPE	NUMBER	SPECIALTY
		040	Cytopathologist
		041	Dermatologist
		042	Dermatopathologist
		043	Endocrinologist
		044	Family Practice
		045	Gastroenterologist
		046	General Internist
		047	General Practice/Emergency Medicine
		048	General Surgery
		049	Gerintologist
		050	Hematologist
		051	Immunologist
		052	Neonatalogist
		053	Neuro-Surgeon
		054	Neurologist
		055	Nuclear Radiologist
		056	OB\GYN
		057	Occupational Medicine
		058	Oncologist
		059	Ophthamologist
		060	Orthopedic Surgeon
		061	Otolaryngologist (ENT)
		062	Pathologist
		063	Pediatric Cardiologist
		064	Pediatric Internist
		065	Pediatric Oncologist
		066	Pediatrician
		067	Physiatrist (physical medicine and rehabilitation)
		068	Plastic\Reconstructive Surgeon
		069	Proctologist (Colorectal)
		070	Psychiatrist
		071	Pulmonologist
		072	Radiologist
		073	Rheumatologist
		074	Thoracic Surgeon
		075	Urologist
		076	Vascular Surgeon
		077	Physician Multi-Specialty Group
		078	Idaho State School and Hospital
		079	Contract Radiologist
		080	OPEN
		081	OPEN
		082	OPEN
		083	OPEN
		084	OPEN
005	OSTEOPATH	026	Oral and Maxillofacial Surgeons
		037	Allergist

NUMBER	TYPE	NUMBER	SPECIALTY
		038	Anesthesiologist
		039	Cardiologist
		040	Cytopathologist
		041	Dermatologist
		042	Dermatopathologist
		043	Endocrinologist
		044	Family Practice
		045	Gastroenterologist
		046	General Internist
		047	General Practice/Emergency Medicine
		048	General Surgery
		049	Gerintologist
		050	Hematologist
		051	Immunologist
		052	Neonatalogist
		053	Neuro-Surgeon
		054	Neurologist
		055	Nuclear Radiologist
		056	OB\GYN
		057	Occupational Medicine
		058	Oncologist
		059	Ophthamologist
		060	Orthopedic Surgeon
		061	Otolaryngologist (ENT)
		062	Pathologist
		063	Pediatric Cardiologist
		064	Pediatric Internist
		065	Pediatric Oncologist
		066	Pediatrician
		067	Physiatrist (physical medicine and rehabilitation)
		068	Plastic\Reconstructive Surgeon
		069	Proctologist (Colorectal)
		070	Psychiatrist
		071	Pulmonologist
		072	Radiologist
		073	Rheumatologist
		074	Thoracic Surgeon
		075	Urologist
		076	Vascular Surgeon
		077	Osteopath Multi-Specialty Group
		078	Idaho State School and Hospital
		079	OPEN
		080	OPEN
		081	OPEN
		082	OPEN
		083	OPEN
		084	OPEN

NUMBER	TYPE	NUMBER	SPECIALTY
006	VISION SERVICES	085	Optician
		086	Optometric Supplies
		087	Optometrist (Medical/Certification)
		088	Optometrist
		089	OPEN
		090	OPEN
		091	OPEN
007	PHARMACY	092	Pharmacist
		093	Unit Dose Pharmacy
		094	Both
		095	Idaho State School and Hospital
		096	OPEN
		097	OPEN
		098	OPEN
		099	OPEN
008	HOME HEALTH AGENCY	100	Home Health
		101	OPEN
		102	OPEN
009	PATHOLOGY LABORATORY	103	Laboratory Independent
		104	Contract Laboratory
		105	OPEN
		106	OPEN
010	TRANSPORTATION	107	Air Ambulance
		108	Ambulance - Emergency & Non-Emergency
		109	Non-emergent - Commercial
		110	Individual Transportation Provider
		111	Agency Transportation
		112	Non-Medical Waiver Transportation
		113	OPEN
		114	OPEN
		115	OPEN
011	LONG TERM CARE FACILITY	116	OPEN
		117	ICFs/MR Private
		118	ICFs/MR State
		119	IMD/NH State
		120	IMD/NH Private
		121	Nursing Home
		122	Idaho State School and Hospital
		123	Nursing Home Swing Bed (Hospital)
		124	OPEN
		125	OPEN
012	HOSPICE	126	OPEN
		127	Hospice
		128	OPEN
013	REHABILITATIVE OPTION	129	OPEN
		130	Developmental Disability Centers
		131	Rehab Mental Health Services

NUMBER	TYPE	NUMBER	SPECIALTY
		132	School Based Services
		133	OPEN
		134	OPEN
		135	OPEN
		136	OPEN
014	DURABLE MEDICAL EQUIPMENT AND SUPPLIERS	137	Durable Medical Equipment and Supplies
		138	Pharmacy Supplier of Durable Medical Equipment
		139	Certified Prosthetic and Orthotic Supplier
		140	Supplies only
		141	Waiver Vendors
		142	OPEN
		143	OPEN
		144	OPEN
015	PCS / AGED AND DISABLED SERVICES	145	Independent Personal Care Services Provider - DD
		146	Independent Personal Care Services Provider
		147	Independent Supervising QMRP
		148	Aged and Disabled Services
		149	Independent Miscellaneous
		150	Adult Residential Care
		151	OPEN
		152	OPEN
016	MID-LEVEL PRACTITIONER	153	OPEN
		154	Certified Nurse Midwife
		155	Certified Registered Nurse Anesthetist
		156	Nurse Practitioner
		157	Physician Assistant
		158	Psychiatric Nurse Practitioner
		159	OPEN
		160	OPEN
017	NURSING SERVICES	161	OPEN
		162	OPEN
		163	Independent Supervising Registered Nurse (PCS)
		164	Licensed Practical Nurse Independent (PDN)
		165	Nursing Agency (PDN)
		166	Registered Nurse Independent (PDN)
		167	Registered Nurse Independent (EPSDT Screener)
		168	Registered Nurse Services Independent DD Waiver
		169	Registered Nurse Services Agency DD Waiver
		170	OPEN
		171	OPEN
018	CASE	172	OPEN
		173	OPEN
		174	DD Service Coordinator

NUMBER	TYPE	NUMBER	SPECIALTY
	MANAGEMENT SERVICES	175	EPSDT Service Coordinator
		176	Mental Health Case Management
		177	Personal Care Services Case Management
		178	Pregnant and Parenting Teen
		179	OPEN
		180	OPEN
		181	OPEN
		182	OPEN
		183	OPEN
019	DD and TRAUMATIC BRAIN INJURY	184	Behavior Consultation/ Crisis Management
		185	Chore Services
		186	Environmental Modifications to the home
		187	Home delivered meals
		188	Personal Emergency Response Systems
		189	Residential Habilitation - QMRP
		190	Residential Habilitation - Agency
		191	Residential Habilitation - Independent
		192	Respite Care
		193	Supported Employment Services
		194	TBI (Traumatic Brain Injury)
		195	OPEN
		196	OPEN
		197	OPEN
		198	OPEN
020	ESSENTIAL CARE PROVIDERS	199	District Health Departments
		200	Indian Health Services Clinics
		201	Rural Health Clinics
		202	OPEN
		203	OPEN
		204	OPEN
		205	OPEN
021	FEDERALLY QUALIFIED HEALTH CENTER	206	Federally Qualified Health Center
		207	OPEN
		208	OPEN
022	AMBULATORY SURGICAL CENTER	209	Freestanding ASC
		210	OPEN
		211	OPEN
023	OTHER HEALTH CARE PROVIDERS OF THE HEALING ARTS	212	Birth Centers
		213	Chiropractor
		214	Dietician
		215	Physical Therapist
		216	Podiatrist
		217	Social Worker
		218	Radiology Technical Services
		219	OPEN
		220	OPEN

NUMBER	TYPE	NUMBER	SPECIALTY
		221	OPEN
		222	OPEN
		223	OPEN
		224	OPEN
		225	OPEN
		226	OPEN
		227	OPEN
		228	OPEN
024	HEARING SERVICES	229	Audiologist
		230	Hearing Aide Vendor
		231	OPEN
		232	OPEN
		233	OPEN
025	MANAGED CARE	234	Managed Care Organization
		235	Independent Physician Organization (not used)
		236	Physician\Hospital Organization (not used)
		237	Preferred Provider Organization (not used)
		238	Primary Care Case Management
		239	OPEN
		240	OPEN
		241	OPEN
		242	OPEN
		243	OPEN
026	NON-PARTICIPATING PROVIDER	244	Access/RMU/RMHA
		245	Contractor
		246	DHW
		247	Head Start
		248	OPEN
		249	OPEN
		250	OPEN
		251	OPEN
		252	OPEN
027	CROSSOVER ONLY	253	Crossover Only
		254	OPEN
		255	OPEN
		256	OPEN
		257	OPEN
		258	OPEN
		259	OPEN
		260	OPEN
		261	OPEN
		262	OPEN
		263	OPEN
		264	OPEN
		265	OPEN

PROVIDER STATUS CODES

Last Change Date: 05/29/96

Revised Table Format: 04/28/05

Code	Description
1	Active - Participating
2	Retired - Inactive
3	Voluntary - Inactive
4	Deceased - Inactive
5	Moved - Inactive
6	License Not Renewed - Inactive
7	License Revoked - Inactive
8	SUR Sanction - Inactive
9	Conviction of Fraud - Inactive
10	Administration Action - Inactive
11	Terminated - Inactive
12	Decertified
13	Active - Non-Participating
14	Active - Not qualified to participate in PCCM
15	Active - Not qualified to participate in MCO
16	Federally Sanctioned

PROVIDER TYPE CODES

Last Change Date: 03/22/99

Code	Description
001	Hospital
002	Clinic
003	Dental
004	Physicians
005	Osteopath
006	Vision Services
007	Pharmacy
008	Home Health Agency
009	Pathology Laboratory
010	Transportation
011	Long Term Care Facility
012	Hospice
013	Rehabilitative Option
014	Durable Medical Equipment And Suppliers
015	PCS / Aged And Disabled
016	Mid-Level Practitioner
017	Nursing Services
018	Case Management Services
019	DD And Traumatic Brain Injury
020	Essential Care Providers
021	Federally Qualified Health Center
022	Ambulatory Surgical Center
023	Other Health Care Providers Of The Healing Arts
024	Hearing Services
025	Managed Care
026	Non-Participating Provider
027	Crossover Provider

PROVIDER WORKSHOP SUBJECTS

Last Change Date: 06/04/96

Revised Table Format: 04/28/05

Code	Description
1	Annual Workshop
2	Billing Instruction
3	Claim Form Training
4	Healthy Connection
5	Idaho Healthcare Con
6	NECS Training
7	New Provider Train
8	New System Training



RA TYPE

Last Change Date: 06/03/96

Revised Table Format: 04/28/05

Code	Description
P	Paper
E	Electronic
B	Both

RACE CODES

Last Change Date: 04/08/05

Code	Description
WH	White
BL	Black
AS	Asian
AE	Alaskan Native
AI	American Indian
HI	Hispanic
NH	Native Hawaiian/Pacific Islander

RECORD TYPE (Drug Rebate)

Last Change Date: 06/04/96

Revised Table Format: 04/28/05

Code	Description
A	Add
C	Change
D	Delete

REGION (GEOGRAPHICAL)

Last Change Date: 06/04/96

Revised Table Format: 04/28/05

Code	Region
1	Region I - Coeur d'Alene
2	Region II - Lewiston
3	Region III - Caldwell
4	Region IV - Boise
5	Region V - Twin Falls
6	Region VI - Pocatello
7	Region VII - Idaho Falls
9	Region IX - Out of State

REGION CODES (CLAIMS)

Last Change Date: 06/04/96

Revised Table Format: 04/28/05

Claims	
Paper	
10	Hand Written Paper
11	Computer Generated Paper
13	CCF's (for cross reference purposes only)
Electronic	
40	ECS (transmits and diskettes)
41	Tape Crossover Claims
42	Tape Claims
43	POS Claims
45	3780 Transmits
46	Encounter Claims
MICROFILM	
20	Single Adjustments (for cross reference purposes only)
25	Mass Adjustments (for cross reference purposes only)
FINANCIAL	
Cash Transactions (CCN)	
TPR Recoveries	
30	Positive
33	Negative
Provider Related	
50	Positive
53	Negative
Client Related	
60	Positive
63	Negative
Insurance Related	
70	Positive
73	Negative
Drug Rebate	
80	Positive
83	Negative
Account Ledgers (A/L)	
TPR Recoveries	
35	Accounts Receivable
36	Accounts Receivable - (TPR - State)
37	Accounts Receivable - (TPR - EDS)
38	Accounts Payable
Provider Related	
55	Accounts Receivable
58	Accounts Payable
Client Related	

65	Accounts Receivable
68	Accounts Payable
Insurance Related	
75	Accounts Receivable
78	Accounts Payable
Drug Rebate	
85	Accounts Receivable
88	Accounts Payable
Cash Receipts (C/R)	
TPR Recoveries	
39	Cash Receipts
Provider Related	
59	Cash Receipts
Client Related	
69	Cash Receipts
Insurance Related	
79	Cash Receipts
Drug Rebate	
89	Cash Receipts

REGIONAL MEDICAID UNIT (RMU)

Last Change Date: 06/04/96

<u>Code</u>	<u>Description</u>
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REGION I:

Wilfred (Wil) A. Ross
1250 Ironwood Drive, Suite 304
Coeur d'Alene, ID 83814

Phone: (208) 769-1567

FAX #: (208) 769-1473

REGION II:

Marcia Harvey, R.N.
P. O. Drawer B (Street Address: 1118 "F" St.)
Lewiston, ID 83501-0182

Phone: (208) 799-4430

FAX #: (208) 799-3350

REGION III:

Lynn Williams, R.N.
P. O. Box 1219 (Street Address: 317 Happy Day Blvd.)
Caldwell, ID 83606

Phone: (208) 459-1265

FAX #: (208) 454-7625

REGION IV:

Judy Ripke
1730 Westgate
P. O. Box 83720
Boise, ID 83720-1730 (Street Zip: 83704)

Phone: (208) 334-0940

FAX #: (208) 334-0953

REGION V:

Tom Machala, R.N.
601 Poleline Road, Suite 3
Twin Falls, ID 83301

Phone: (208) 736-3024

FAX #: (208) 736-2116

Toll-free # (Idaho only): 1-800-826-1206

REGION VI:

Melba Covert, R.N.

P. O. Box 4166 (Street Address: 1070 Hilina Rd., Ste. 310)

Pocatello, ID 83205-7166 (Street Zip: 83201)

Phone #: (208) 235-2960

FAX #: (208) 235-2969

REGION VII:

Melanie Belnap, R.N.

150 Shoup Ave., Suite 19, 2nd Floor

Idaho Falls, ID 83402

Phone #: (208) 528-5750

FAX #: (208) 528-5756

Reject Code Crosswalk

Last Change Date: 05/05/03

Idaho AIM Values		NCPDP Values	
600	Compound drug manually priced	84	Claim has not been paid/captured
601	NDC is invalid/non-covered/DESI/OTC drug or has no manufacturer rebate	70	Product/service not covered
602	Dispensing Fee Missing/invalid	84	Claim has not been paid/captured
603	Invalid refill/no refill allowed	73	Refills are not covered
604	NDC not payable w/o justification	70	Product/service not covered
605	NDC not payable w/o justification	70	Product/service not covered
606	Bill any medical supplies on the appropriate claim form.	70	Product/service not covered
607	NDC requires a DAW indicator = to 1	22	M/I Dispense As Written (DAW)/ product selection code
608	Prescription missing/Invalid	16	M/I prescription/service reference number
609	Drug quantity/units missing/invalid	E7	M/I quantity dispensed
610	Quantity is incorrect	E7	M/I quantity dispensed
611	Days supply missing/invalid or reduced to comply with 34 day limitation	19	M/I days supply
612	DAW indicator must be - blank, 1, or 2	84	Claim has not been paid/captured
613	Drug not allowed for nursing home client	70	Product/service not covered
624	DUR alert – overuse precaution	88	DUR reject error

REPORT TYPE CODES

Last Change Date: 4/10/03

Code	Description
77	Support Data For Verification
AS	Admission Summary
B2	Prescription
B3	Physician Order
B4	Referral Form
CT	Certification
DA	Dental Models
DG	Diagnostic Report
DS	Discharge Summary
EB	Explanation Of Benefits (Coordination Of Benefits Or Medicare Secondary Payor)
MT	Models
NN	Nursing Notes
OB	Operative Note
OZ	Support Data For Claim
PN	Physical Therapy Notes
PO	Prosthetics Or Orthotic Certification
PZ	Physical Therapy Certification
RB	Radiology Films
RR	Radiology Reports
RT	Report Of Tests And Analysis Report

REVENUE CODES: GENERAL HOSPITAL INPATIENT

Last Change Date: 01/10/05

Code	Description
101	All Inclusive Room & Board
110	Room-Board/PVT
111	Medical\Surgical\Gyn
112	OB/PVT
113	Pediatric/PVT
114	Psychiatric/PVT
115	Hospice/PVT
116	Detox/PVT
117	Oncology/PVT
118	Rehabilitation
120	(Two) Room-Board/Semi
121	Medical/Surgical/GYN/2BED
122	OB/2BED
123	Pediatric/2BED
124	Psychiatric/2BED
126	Detox/2
127	Oncology/2BED
128	Rehabilitation
130	Room-Board/3&4 Bed
131	Medical/Surgical/GYN/3&4
132	OB/3&4 BED
133	Pediatric/3&4 BED
134	Psychiatric/3&4 BED
135	Hospice/3&4 BED
136	Detox/3&4 BED
137	Oncology/3&4 BED
138	Rehabilitation
140	General Classification/PVT/DLX
141	Medical/Surgical/GYN/DLX
142	OB/DLX
143	Pediatric/DLX
144	Psychiatric/DLX

Code	Description
145	Hospice/DLX
146	Detox/DLX
147	Oncology/DLX
148	Rehabilitation
150	Room-Board/Ward
151	Medical/Surgical/GYN/WARD
152	OB/WARD
153	Pediatric/WARD
154	Psychiatric/WARD
155	Hospice/WARD
156	Detox/WARD
157	Oncology/WARD
158	Rehabilitation
164	Room and Board/Sterile
170	Nursery
171	Nursery/Newborn
172	Nursery/Premature
173	Newborn-Level III
174	Newborn-Level IV-NICU
175	Nursery/NeoNatal ICU
200	Intensive Care or (ICU)
201	ICU/Surgical
202	ICU/Medical
203	ICU/Pediatrics
204	ICU/Psychiatrics
206	Post ICU
207	ICU/Burn Care
208	Trauma
210	Coronary Care or (CCU)
211	CCU/Myocardial Infarction
212	CCU/Pulmonary
213	CCU/Heart Transplant
230	Incremental Nursing Charge
231	Nursing INCR/Nursery
232	Nursing INCR/OB
233	Nursing INCR/ICU
234	Nursing INCR/CCU
250	Pharmacy
251	Drugs/Generic

Code	Description
252	Drugs/NonGeneric
255	Drugs/Incidents to Radiology
257	Drugs/Nonprescription
258	IV Solution
260	IV Therapy
261	IV Therapy/Infusion Pump
262	IV Therapy/Therapy Drug
263	IV Therapy/Pharmacy Services
264	IV Therapy/Supplies
270	Medical/Surgical Supplies and Devices
271	Nonsterile Supply
272	Sterile Supply
274	Prosthetic Dev
275	Pacemaker
278	Other Implants
280	Oncology
289	Oncology Other
300	Laboratory
301	Lab/Chemistry
302	Lab/Immunology
304	Lab/NR Dialysis
305	Lab/Hematology
306	Lab/Bacteriology & Microbiology
307	Lab/Urology
310	Laboratory Pathological
311	Pathology/Cytology
312	Pathology/Histology
314	Pathology/Biopsy
320	Radiology Diagnostic
321	Angiocardiology
322	DX X-ray Arthrography
323	DX X-ray Arteriography
324	Chest X-ray
330	Radiology Therapeutic
331	Chemother/Inj
332	Chemother/Oral
333	Radiation RX
335	Chemother IV
340	Nuclear Medicine

Code	Description
341	NUC MED RX
342	Therapeutic
350	CT Scan
351	CT Scan/Head
352	Body Scan
360	Operating Room Services
361	Operating Room/Minor Surgery
362	Operating Room/Organ Transplant
367	Operating/Kidney Trans
370	Anesthesia
371	Anesthesia Incident to Radiology
372	Anesthesia Other Diagnostic Services
380	Blood
381	Packed Red Cells
382	Whole Blood
383	Plasma
384	Platelets
385	Leucocytes
386	Other Components
387	Other Derivitives
390	Blood Storage
391	Blood/Admin
400	Other Imaging Services
401	Mammography
402	Ultrasound
403	Srcreening Mammography
410	Respiratory Services
412	Inhalation Svc
413	Hyperbaric O2
420	Physical Therapy
424	Physical Therapy/Evaluation
429	Other Physical Therapy
430	Occupational Therapy
434	Occupational Therapy/Evaluation
439	Other Occupatiuonal Therapy
440	Speech Therapy
444	Speech Therapy/Evaluation
450	Emergency Room
460	Pulmonary Function

Code	Description
470	Audiology
471	Audiology/Diagnostic
472	Treatment
480	Cardiology
481	Cardiac Cath Lab
482	Stress Test
489	Other Cardiol
490	Ambul Surg
500	Outpatient Svc
510	Clinic
519	Other Clinic
530	Osteopathic
531	Osteopathic Therapy
550	Skilled Nursing
560	Med. Social Services
610	MRI – Trunk and extensions
611	MRI-Brain
612	MRI-Spine & Spinal Cord
621	Supplies Incident to Radiology
622	Supplies Incident To Other Diagnostic Services
700	Cast Room
710	Recovery
720	Delivery Room/Labor Room
721	Labor
722	Delivery Room
723	Circumcision
724	Birthing Center
730	EKG/ECG
731	Holter Monitor
732	Telemetry
740	EEG
750	Gastro-Instestinal
760	Treatment Room
790	Lithotripsy
800	Renal Dialysis
801	Daily Inpt
802	Daily/INPT/PER
803	Daily/INPT/CAPD
804	Daily/INPT/CCPD

Code	Description
810	Organ Procurement
811	Kidney/Live
812	Kidney/Cadaver
813	Unknown Donor Kidney
819	Other Organ Acquisition
880	DIALY/Misc
881	DIALY/Utrafit
889	Other Misc. Dialysis
890	Donor Bank
891	Donor Bank/Bone
892	Donor Bank/Organ
893	Donor Bank/Skin
901	Electro Shock
914	Psych/Indiv Rx
915	Group Therapy
916	Family Therapy
918	Psych/Testing
921	Peri Vascul Lab
922	EMG
923	Pap Smear
924	Allergy Test
925	Pregnancy Test
941	Recreational Therapy
943	Cardiac Rehab
944	Drug Rehab
945	Alcohol Rehab
946	Complex Medical Equipment - Routine
947	Other Therapeutic/Complex Medical Equipment
964	Anesthetist
997	Admission Kit

REVENUE CODES: GENERAL HOSPITAL OUTPATIENT

Last Change Date: 04/22/2004

Code	Description
072	Outpatient OB Check
073	Outpatient Observation
074	AN Days (effective 4/24/90)
075	Medical Screen
078	Ambulance, Treat and Release
079	Ambulance, Treat and Release
080	Ambulance, Treat and Release
250	Pharmacy
251	Drugs/Generic
252	Drugs/NonGeneric
253	Drugs/Takehome
257	Drugs/Nonprescription
258	IV Solution
260	IV Therapy
261	IV Therapy/Infusion Pump
262	IV Therapy/Therapy Drug
263	IV Therapy/Pharmacy Services
264	IV Therapy/Supplies
270	Medical/Surgical Supplies and Devices
271	Nonsterile Supply
272	Sterile Supply
274	Prosthetic Dev
275	Pacemaker
276	Intraocular Lens
278	Other Implants
280	Oncology
289	Oncology Other
300	Laboratory
301	Chemestry
302	Immunology
303	Renal Patient (home)
304	Non Routine Dialysis
305	Hematology
306	Bacteriology/Microbiology

Code	Description
307	Urology
310	Laboratory Pathological
311	Cytoplogy
312	Histology
314	Biopsy
320	Radiology Diagnostic
321	Angiocardiography
322	DX Xray Arthrography
323	DX Xray Arteriography
324	Chest X-ray
330	Radiology Therapeutic
331	Chemother/Inj
332	Chemother/Oral
333	Radiation RX
335	Chemother IV
340	Nuclear Medicine
341	NUC MED RX
342	Therapeutic
350	CT Scan
351	CT Scan/Head
352	Body Scan
360	Operating Room Services
361	Operating Room/Minor Surgery
362	Operating Room/Organ Transplant
367	Operating/Kidney Trans
370	Anesthesia
371	Anesthesia Incident to Radiology
372	Anesthesia Other Diagnostic Service
380	Blood
381	Packed Red Cells
382	Whole Blood
383	Plasma
384	Platelets
385	Leucocytes
386	Other Components
387	Other Derivitives
390	Blood Storage
391	Blood/Administration
400	Other Imaging Services

Code	Description
401	Mammography
402	Ultrasound
403	Screening Mammography
404	Positron Emission Tomography (PET)
410	Respiratory Services
412	Inhalation Svc
413	Hyperbaric O2
420	Physical Therapy
424	Physical Therapy/Evaluation
429	Other Physical Therapy
430	Occupational Therapy
434	Occupational Therapy/Evaluation
439	Other Occupational Therapy
440	Speech Therapy
444	Speech Therapy/Evaluation
450	Emergency Room
460	Pulmonary Function
470	Audiology
471	Audiology/Diagnostic
472	Treatment
480	Cardiology
481	Cardiac Cath Lab
482	Stress Test
489	Other Cardiol
490	Ambul Surg
500	Outpatient Svc
510	Clinic
519	Other Clinic
530	Osteopathic Services
531	Osteopathic Therapy
540	Ground Ambulance; Non-emergency
541	Ambulance Supplies
542	Ground Ambulance; Emergency
543	Heart Mobile
544	Ambulance Oxygen
545	Air Ambulance – all Levels of Life Support
546	Ground or Air Ambulance - Neonatal Services
547	Ambulance Pharmacy
548	Ambulance – EKG Services

Code	Description
549	OtherAmbulance Services
551	Skilled Nursing
559	Maternity Nursing Visits
561	Individual & Family Social Services
569	Risk Reduction Follow-Up
610	MRI – Trunk and extensions
611	MRI-Brain
612	MRI-Spine & Spinal Cord
621	Supplies Incident to Radiology
622	Supplies Incident to Other Diagnostic Services
623	Surgical Dressings
636	Drugs Requiring Special Coding
671	Outpatient Special Residence Charges – Hospital Based – AN Days
700	Cast Room
710	Recovery
720	Delivery Room/Labor Room
721	Labor
722	Delivery Room
723	Circumcision
724	Birth Center
730	EKG/ECG
731	Holter Monitor
732	Telemetry
740	EEG
750	Gastro-Intestinal Services
760	Treatment Room
761	Treatment Room
762	Observation Room
771	GC – Immunization Fee
790	Lithotripsy
800	Renal Dialysis
810	Organ Procurement
811	Kidney/Live
812	Kidney/Cadaver
813	Unknown Donor Kidney
814	Unsuccessful Organ Search – Donor Bank Charges
815	Cadaver Donor Heart
816	Other Heart Acquisitions

Code	Description
817	Donor Liver
819	Other Organ Acquisition
820	Hemo/Outpatient or Home
821	Hemo/Composite or other Rate
830	Peritoneal/Outpatient or Home
831	Peritoneal/Composite or other Rate
840	CAPD/Outpatient or Home
841	CAPD/Composite or other Rate
850	CCPD/Outpatient or Home
851	CCPD/Composite or other Rate
880	DIALY/Misc
881	DIALY/Utrafit
889	Other Misc. Dialysis
890	Donor Bank
891	Donor Bank/Bone
892	Donor Bank/Organ
893	Donor Bank/Skin
901	Electro Shock
912	Partial Care Services
914	Psych/Indiv Rx
915	Group Therapy
916	Family Therapy
918	Psych/Testing
920	GC – Diagnostic Services
921	Peri Vascul Lab
922	EMG
923	Pap Smear
924	Allergy Test
925	Pregnancy Test
940	GC – Therapeutic Services
942	Nutrition Services
943	Cardiac Rehab
944	Drug Rehabilitation
946	Air Fluidized Support Bed
947	Other Therapeutic /Complex Medical Equipment
964	Anesthetist
997	Admission Kit

REVENUE CODES: HOME HEALTH

Last Change Date: 12/16/99

<u>Code</u>	<u>Description</u>
270	Med Supply
291	Med equip rental
421	PT, Visit charge
431	OT, Visit charge
551	Skilled Nurse Visit
571	Home Health Aide, Visit charge

REVENUE CODES: HOSPICE

Last Change Date: 06/04/96

<u>Code</u>	<u>Description</u>
651	Routine Home Care
652	Continuous Home Care
655	Inpatient Respite Care
656	General Inpatient Care
657	Physician Services
658	Hospice Services

REVENUE CODES: NURSING HOME

Last Changed Date 06/04/96

<u>Code</u>	<u>Description</u>
100	All inclusive Room and Board
183	LOA/Therapeutic Leave
184	LOA/ICF/MR
185	LOA/Nursing Home

REVENUE PRICING SERVICE CODES

Last Change Date: 09/04/96

<u>Code</u>	<u>Description</u>
A	ASC
D	Default (Other Service)
C	Accommodation
P	Procedure code required

ROLLING PERIOD LENGTHS

Last Change Date: 3/07/00

<u>Period</u>	<u>Length</u>
1 month	29 days
2 months	59 days
3 months	88 days
6 months	178 days
7 months	205 days
9 months	265 days
11 months	325 days
1 year	360 days

Route of Administration Codes

Last Change Date: 05/05/03

HIPAA Route Codes	Description	DUR Route Codes	Route Abbreviation	Old State Value Codes
0	Not specified	(blank)	(blank)	
1	Buccal	B	BC	B
2	Dental	D	DT	D
3	Inhalation	H	IH	H
4	Injection	2	IJ	A
4	Injection – intravenous	A	IV	A
4	Injection – intermuscal	C	IM	A
4	Injection – intradermal	9	ID	A
5	Intraperitoneal	P	IP	P
6	Irrigation	R	IR	R
7	Mouth/throat	1	PO	1
8	Mucous membrane	4	MM	4
9	Nasal	7	NS	7
10	Ophthalmic	6	OP	6
11	Oral	1	PO	1
12	Other/miscellaneous	M	MC	M
13	Otic	8	OT	8
14	Perfusion	F	FF	F
15	Rectal	3	RC	3
16	Sublingual	S	SL	S
17	Topical	5	TP	5
18	Transdermal	T	TD	T
19	Translingual	L	TL	L
20	Urethral	U	UR	U
21	Vaginal	V	VG	V
22	Enteral	M	MC	M

SCREENING PROCEDURE CODES

Last Change Date: 06/04/96

PERIODIC CODES

NMACNMCI		NMNO	NMUC	NMNANMRT	
NMPR	ABAP	ABCI	ABNO	ABUC	ABRT
ABNA	ABPR				

COS

02-06	14-06
03-11	16-04
12-06	

INTERPERIODIC CODES

A2000	M0001	M0002	M0009
W9000	W91000	W9200	W9300
90000-90080			
97700-97701			
99201-99205			
99211-99215			

COS

02-06	14-06
03-11	16-04
12-06	

SECURITY AUTHORIZATION CODES

Last Change Date: 06/04/96

<u>Code</u>	<u>Description</u>
N	None
V	View
U	Update

SERVICE COVERAGE TYPES (REWA)

Last Change Date: 11/14/2001

Code	Description
00	PCS State Plan (No longer a valid selection on REWA screen)
01	PCS Aged/Disabled Waiver
02	HCBS/PCS Aged/Disabled Waiver
03	DD Waiver
04	HCBS/DD Waiver
05	ISSH/DD Waiver
06	HCBS/ISSH Waiver
07	CDC - No PCS (No longer a valid selection on REWA screen)
08	CDC – PCS (No longer a valid selection on REWA screen)
09	EPSDT PCS (No longer a valid selection on REWA screen)
10	Conversion Value (No longer a valid selection on REWA screen)
11	TBI
12	HCBS/TBI

STATE CODES

Last Change Date: 04/10/03

State	Abbr.
Alabama	AL
Alaska	AK
American Samoa	AS
Arizona	AZ
Arkansas	AR
Armed Forces America (Except Canada)	AA
Armed Forces (Africa, Canada, Europe, Middle East)	AE
Armed Forces Pacific	AP
California	CA
Colorado	CO
Connecticut	CT
Delaware	DE
District Of Columbia	DC
Federated States of Micronesia	FM
Florida	FL
Georgia	GA
Hawaii	HI
Idaho	ID
Illinois	IL
Indiana	IN
Iowa	IA
Kansas	KS
Kentucky	KY
Louisiana	LA
Maine	ME
Marshall Islands	MH
Maryland	MD
Massachusetts	MA
Michigan	MI
Minnesota	MN
Mississippi	MS
Missouri	MO
Montana	MT
Nebraska	NE
Nevada	NV
New Hampshire	NH
New Jersey	NJ
New Mexico	NM
New York	NY
North Carolina	NC
North Dakota	ND
Northern Mariana Islands	MP
Ohio	OH
Oklahoma	OK
Oregon	OR
Pennsylvania	PA

State	Abbr.
Puerto Rico	PR
Rhode Island	RI
South Carolina	SC
South Dakota	SD
Tennessee	TN
Texas	TX
Utah	UT
Vermont	VT
Virginia	VA
Washington	WA
West Virginia	WV
Wisconsin	WI
Wyoming	WY
Alberta	AB
British Columbia	BC
Manitoba	MB
New Brunswick	NB
Newfoundland	NF
Nova Scotia	NS
NW Territories	NT
Ontario	ON
Prince Edward Island	PE
Quebec	PQ
Saskatchewan	SK
Yukon	YT
Guam	GU
Virgin Islands	VI

State Task Codes

Last change date: 05/25/2005

0005	NATCEP - nursing facility
0090	Copying receipts
0091	Medical assistance donations
0092	Receipt transfers
0100	Inpatient hospital
0150	Disproportionate share hospital
0180	ISSH inpatient hospital
0190	Inpatient hospital cost settlement
0195	Inpatient hospital cost settlement - receipt
0200	Mental health facility
0250	Disproportionate share adjustment
0260	Mental health facility SHS
0270	Mental health facility SHN
0300	Nursing facility
0320	Veterans home
0360	Nursing facility - SHS
0380	Nursing facility - ISSH
0390	Nursing facility cost settlement
0395	Nursing facility cost settlement - receipt
0400	ICF/MR care - other facility
0480	ICF/MR care - ISSH
0485	ICF/MR cost settlement - ISSH
0490	ICF/MR cost settlement - other
0495	ICF/MR cost settlement - other - receipt
0500	Physician services
0550	Primary care case management fees
0560	Physician SHS Psychiatrist
0580	ISSH physician services
0600	Outpatient hospital
0680	ISSH outpatient hospital
0690	Outpatient hospital cost settlement
0695	Outpatient hospital cost settlement - receipt
0700	Prescribed drugs
0710	Prescribed drugs – Indian Health
0760	Drugs - SHS
0780	Drugs - ISSH ICF/MR
0785	Drugs - ISSH NF
0790	Drug rebates - national
0795	Drug rebates - sidebar
0800	Dental services
0880	ISSH dental services

0900	Other practitioners
0920	School district services
0925	School district services match
0930	Health district pregnant teen program
0935	Health district pregnant teen match
1000	Mental health clinic
1010	Clinic and diagnostic services
1060	Mental health services - SHS
1080	Mental health services - ISSH
1100	Laboratory/radiology services
1180	ISSH laboratory/radiology services
1200	Home health services
1290	Home health cost settlement
1295	Home health cost settlement - receipts
1300	Sterilizations
1400	Abortions
1500	EPSDT services
1600	Rural health clinic services
1690	Rural health cost settlement
1695	Rural health cost settlement - receipts
1710	Medicare part A
1720	Medicare part B buy-in
1730	Insurance coinsurance/deductible
1740	Group health plan premium
1750	Insurance other
1810	PCS waiver aged/disabled - 1099
1812	PCS waiver aged/disabled - W-2
1814	PCS waiver aged/disabled - pr taxes
1820	ISSH waiver - 1099
1822	ISSH waiver - W-2
1824	ISSH waiver - PR taxes
1830	DD waiver - 1099
1832	DD waiver - W-2
1834	DD waiver - pr taxes
1900	HCBS - functional disabled elderly
2000	Community support living arrangement
2100	Personal care services - 1099
2102	Personal care services - W-2
2104	Personal care services - PR taxes
2200	Targeted case management
2300	Hospice benefits
2400	Federally qualified health centers
2490	FQHC cost settlement
2495	FQHC cost settlement - receipts

2500	Indian health services
2510	Ambulatory surgical centers
2512	Community support program - MH
2514	Development disability centers
2516	Medical transportation
2518	Rehabilitation - mental health
2520	Managed care organization - capitation
2522	Managed care organization - non-covered
2524	Managed care organization - other
2530	TPR refunds paid
2550	Family planning
2560	Other Medicaid
2570	Interest expenditure
2580	ISSH family planning - drugs
2585	ISSH family planning - physician
2590	Others - default
2900	Indian Health Services
3000	Receipts suspense
3010	Receipts suspense - insurance
4000	Provider refunds
4010	Fraud investigation unit
4020	Medicaid fraud
4030	SURS action
4040	Parental responsibility - other
4045	Parental responsibility- Katie Beckett
4050	Medicare
4060	Health insurance
4070	Casualty insurance
4080	Responsible party
4090	Probate collections
5010	Interest receipts - other
5012	Interest receipts - SURS
5014	Interest receipts -Fraud
5020	Penalties & fines - other
5022	Penalties & fines - SURS
5024	Penalties & fines - Fraud
5050	State funds - abortions
5060	State funds - other

STATUS (PRICING)

Last Change Date: 06/03/96

Code	Description
A	Active
I	Inactive
E	Error
R	Review
N	Not Applied

STATUS CODES (SEGMENT)

Last Change Date: 05/31/96

Code	Description
A	Active
I	Inactive
E	Error

STERILIZATION SERVICES

Last Change Date: 06/04/96

CPT Procedure Codes

54520	56307	58720
54530	57451	58940
54535	58600	58982
55250	58605	58983
55450	58611	58988
56301	58615	58999
56302	58700	

ICD-9 Surgical Procedure Codes

624	653	662	664
6241	654	6621	665
6242	655	6622	6651
637	6551	6629	6652
6370	6552	663	666
6371	656	6631	6661
6372	6561	6632	6662
6373	6562	6639	6663
			6669

Diagnosis Codes

V252

V615

STRATA CODES

Last Change Date: 06/03/96

<u>Code</u>	<u>Description</u>
DC	Drug Claims
IC	Institutional Claims
OT	Non-Institutional / Other Claims

Submission Clarification Codes

Last Change Date: 05/05/03

Code	Description
0	Not Specified, Default
1	No Override
2	Other Override
3	Vacation Supply-The pharmacist is indicating that the cardholder has requested a vacation supply of the medicine.
4	Lost Prescription-The pharmacist is indicating that the cardholder has requested a replacement of medication that has been lost.
5	Therapy Change-The pharmacist is indicating that the physician has determined that a change in therapy was required; either that the medication was used faster than expected, or a different dosage form is needed, etc.
6	Starter Dose-The pharmacist is indicating that the previous medication was a starter dose and now additional medication is needed to continue treatment.
7	Medically Necessary-The pharmacist is indicating that this medication has been determined by the physician to be medically necessary
8	8 = Process Compound For Approved Ingredients
9	Encounters
99	Other

SURS Type of Service

Last Change Date 12/08/98

TOS

Code TOS Description

1	Medical Care (included consultation)
2	Surgery
4	X-Ray/Lab
5	Diagnostic Lab
7	Anesthesia
8	Assistant Surgeon
9	Mental Health/Psychotherapy/Psychiatry
C	Ambulatory Surgical Centers
D	Drugs
M	Phys Asstn/Phys Extend/Nurse Pract
O	Other
Q	Accommodation
S	Ancillary—Outpatient
T	Ancillary—Inpatient
Z	Dental

SYSTEM LOCATION CODES

Last Change Date 12/08/00

Code	Description
10	Provider Eligibility
11	Provider on Review - DHW/SUR
12	Provider on Review - DHW/Policy
13	Hospice Review - DHW
14	DME Review - DHW
15	EPSDT Review – DHW
16	Client Eligibility/Hospice Edits
17	Client Not of File/P.E./Pending Edits
18	Client on Review/Lock-in – DHW
19	MAS Review - DHW
20	Medical Consultant Review - DHW
21	Pharmacy Review - DHW
22	Dental Review – DHW
23	Ineligible Aliens - DHW
24	Procedure Edits
25	Diagnosis Edits
26	Dollar Amounts/Pricing Edits
27	Days/Dates Edits
28	TPL/FCS/Miscellaneous Indicators
29	Cost-Effectiveness
30	Drug/Pharmacy Consultant
31	PCS/Res Hab Edits
32	Nursing Home Edits
33	Prior Authorization - EDS
34	Prior Authorization - DHW
35	State-Funded Edits (Abortions) - DHW
36	Returns by Exam/Entry
38	Medical Consultant Review - EDS
39	Review - DHW
40	Other
45	Duplicate Audits
46	Limitation Audits
47	Relationship Audits
50	Adjustments
51	CCF
97	ICN Delete
98	Adjudicated Deletes/Financial
99	Converted Claims

TELEPHONE LOG STATUS

Last Change Date: 05/29/96

<u>Code</u>	<u>Description</u>
0	Open
1	Closed
2	Call Back Requested
3	Call Back Made

Telephone Question Type

Last Change Date: 05/14/04

Code	Description
01	Claim Status
02	Limitation Verification
03	Procedure, DX, NDC Codes
04	Billing Instructions
05	Crossover Questions
06	Eligibility, TPR Denials
07	Time Limit Denials
08	Other Denied Claims
09	Check Amount
10	Adjustment Questions
11	Other RA Questions
12	Other
13	Covered/Non-Covered Services
14	Healthy Connections Questions
15	ECMS-PC Questions
16	Vendor Questions/Testing
17	POS Device Question
18	Hardware Problem
19	Provider Enrollment Issue
20	CHIP-B

Termination Codes (REWA)

Last Change Date: 05/14/04

Code	Description
00	Death
01	NH Placement
02	ICF/MR Placement
03	Loss of Financial Eligibility
04	Costs Exceeded Cap
05	Moved From State
06	Voluntary Dis-enrollment
07	Not Safe and Effective
08	Never Used Services
09	Not Institutional LOC
10	Other
11	Client's Category of Aid Has Changed

THERAPEUTIC CLASS CODES

Last change date: 09/30/03

A1A	Digitalis glycosides
A1B	Xanthines
A1C	Inotropic drugs
A1D	General bronchodilator agents
A2A	Antiarrhythmics
A4A	Hypotensives, vasodilators
A4B	Hypotensives, sympatholytic
A4C	Hypotensives, ganglionic blockers
A4D	Hypotensives, ace blocking type
A4E	Hypotensives, veratrum alkaloids
A4F	Hypotensives, angiotensin receptor antagonist
A4K	Ace inhibitor/calcium channel blocker combination
A4Y	Hypotensives, miscellaneous
A6U	Cardiovascular diagnostics-radiopaque
A6V	Cardiovascular diagnostics, non-radiopaque agents
A7A	Vasoconstrictors, arteriolar
A7B	Vasodilators, coronary
A7C	Vasodilators, peripheral
A7D	Vasodilators, peripheral (continued 1)
A7E	Vasodilators, miscellaneous
A7F	Veinotonics/vasculoprotectors
A7G	Selective c-gmp, phosphodiesterase type 5 inhibitor
A7H	Vasoactive natriuretic peptides
A8O	Venosclerosing agents
A9A	Calcium channel blocking agents
B0A	General inhalation agents
B0P	Inert gases
B1A	Lung surfactants
B1B	Pulmonary anti-htn, endothelin receptor antagonist
B1C	Pulmonary antihypertensives, prostaglandin-type
B3A	Mucolytics
B3J	Expectorants
B3K	Cough and/or cold preparations
B3M	Respiratory tract radiopaque diagnostics
C0B	Water
C0C	Drugs used to treat acidosis

C0D	Anti-alcoholic preparations
C0K	Bicarbonate producing/containing agents
C1A	Electrolyte depleters
C1B	Sodium/saline preparations
C1D	Potassium replacement
C1F	Calcium replacement
C1H	Magnesium salts replacement
C1K	Cardioplegic solutions
C1L	Organ transplantation preservation solutions
C1P	Phosphate replacement
C1W	Electrolyte maintenance
C1Z	Electrolyte maintenance (continued 1)
C2H	Respiratory gases
C3B	Iron replacement
C3C	Zinc replacement
C3H	Iodine containing agents
C3M	Mineral replacement, miscellaneous
C3N	Mineral replacement, miscellaneous (continued 1)
C4G	Insulins
C4K	Hypoglycemics, insulin-release stimulant type
C4L	Hypoglycemics, biguanide type (non-sulfonylureas)
C4M	Hypoglycemics, alpha-glucosidase inhib. Type (N-S)
C4N	Hypoglycemics, insulin-response enhancer (N-S)
C4O	Hypoglycemics, absorption modifier, unspecified
C4P	Hypoglycemics, unspecified mechanism
C4Q	Hypoglycemics, combination
C5A	Carbohydrates
C5B	Protein replacement
C5C	Infant formulas
C5D	Diet foods
C5E	Geriatric supplements
C5F	Food supplements, miscellaneous
C5G	Food oils
C5H	Nucleic acid/nucleotide supplements
C5J	IV solutions: dextrose-water
C5K	IV solutions: dextrose-saline
C5L	IV solutions: dextrose/ringers
C5M	IV solutions: dextrose/lactated ringers
C5N	Protein replacement (continued 1)
C5O	Solutions miscellaneous
C5P	Protein replacement (continued 2)

C5Q	Tonic
C5R	IV solutions: dextrose-water (continued 1)
C5S	Protein replacement (continued 3)
C5T	Food supplements, miscellaneous (continued 1)
C5U	Nutritional therapy, med cond special formulation
C6A	Vitamin A preparations
C6B	Vitamin B preparations
C6C	Vitamin C preparations
C6D	Vitamin D preparations
C6E	Vitamin E preparations
C6F	Prenatal vitamin preparations
C6G	Geriatric vitamin preparations
C6H	Pediatric vitamin preparations
C6I	Antioxidant multivitamin combinations
C6J	Bioflavonoids
C6K	Vitamin K preparations
C6L	Vitamin B12 preparations
C6M	Folic acid preparations
C6N	Niacin preparations
C6P	Panthenol preparations
C6Q	Vitamin B6 preparations
C6R	Vitamin B2 preparations
C6T	Vitamin B1 preparations
C6Z	Multivitamin preparations
C7A	Purine inhibitors
C7B	Decarboxylase inhibitors
C7C	Dipeptidase inhibitors
C7D	Metabolic deficiency agents
C7E	Appetite stimulants
C7G	Hyperuricemia TX - urate-oxidase enzyme-type
C8A	Metallic poison, agents to treat
C8B	Acid and alkali poison antidotes
C8D	Agricultural poison antidotes
C8E	Antidotes, miscellaneous
D0U	Gastrointestinal radiopaque diagnostics
D0V	Gastrointestinal radioactive diagnostics
D1A	Periodontal collagenase inhibitors
D1D	Dental aids and preparations
D2A	Fluoride preparations
D2D	Tooth ache preparations
D2M	Dental preparations, miscellaneous

D4A	Acid replacement
D4B	Antacids
D4C	Agents for stomatological use
D4D	Antidiarrheal microorganisms agents
D4E	Anti-ulcer preparations
D4F	Anti-ulcer-h, pylori agents
D4G	Gastric enzymes
D4H	Oral mucositis/stomatitis agents
D4I	Oral mucositis/stomatitis anti-inflammatory agents
D4J	Proton-pump inhibitors
D4K	Gastric acid secretion reducers
D4L	Saliva substitute agents
D4M	Enkephalinase inhib - antisecretory antidiarrheal
D4N	Antiflatulents
D4O	G.I. ultrasound image-enhancing adjunct, diagnostic
D4Q	Digestive agents, other
D4T	Gastric function diagnostics
D4U	Gastric function radiopaque diagnostics
D5A	Fat absorption decreasing agents
D5P	Intestinal adsorbents and protectives
D6A	Drugs to tx chronic inflamm. Disease of colon
D6C	Irritable bowel synd. agent, 5ht-3 antagonist-type
D6D	Antidiarrheals
D6E	Irritable bowel synd. agent, 5ht-4 partial agonist
D6F	Drug TX-chronic inflam. colon dx, 5-aminosalicylat
D6H	Hemorrhoidal agents
D6S	Laxatives and cathartics
D6T	Laxatives and cathartics (continued 1)
D7A	Bile salts
D7B	Choleretics
D7C	Hepatic diagnostics
D7D	Drugs to treat hereditary tyrosinemia
D7J	Hepatic dysfunction preventive/therapy agents
D7L	Bile salt sequestrants
D7T	Biliary diagnostics
D7U	Biliary diagnostics, radiopaque
D8A	Pancreatic enzymes
D8B	Pancreatic diagnostics
D9A	Ammonia inhibitors
F1A	Androgenic agents
F2A	Drugs to treat impotency

G0U	Uterine radiopaque diagnostic agents
G1A	Estrogenic agents
G1B	Estrogen/androgen combinations
G2A	Progestational agents
G2B	Progestational agents (continued 1)
G3A	Oxytocics
G4A	Oxytocics receptor antagonists
G8A	Contraceptives, oral
G8B	Contraceptives, implantable
G8C	Contraceptives, injectable
G8D	Abortifacient, progesterone receptor antagonist-type
G8E	Progesterone receptor antagonists
G8F	Contraceptives, transdermal
G9A	Contraceptives, intravaginal
G9B	Contraceptives, intravaginal, systemic
H0A	Local anesthetics
H0B	Local anesthetics (continued 1)
H0C	Local anesthetics (continued 2)
H0E	Agents to treat multiple sclerosis
H1U	Cerebral spinal radiopaque diagnostics
H1V	Cerebral spinal radioactive diagnostics
H2A	Central nervous system stimulants
H2B	General anesthetics, inhalant
H2C	General anesthetics, injectable
H2D	Barbiturates
H2E	Sedative-hypnotics, non-barbiturate
H2F	Anti-anxiety drugs
H2G	Anti-psychotics, phenothiazines
H2H	Monoamine oxidase (mao) inhibitors
H2I	Anti-psychotics, phenothiazines (continued 1)
H2J	Antidepressants
H2K	Antidepressant combinations
H2L	Anti-psychotics, non-phenothiazines
H2M	Anti-mania drugs
H2N	Antidepressants (continued)
H2O	Anti-psychotics, non-phenothiazines (continued 1)
H2P	Anti-anxiety drugs (continued 1)
H2Q	Sedative-hypnotics, non-barbiturate (continued 1)
H2R	Anti-pruritics (systemic)
H2S	Selective serotonin reuptake inhibitor (ssris)
H2T	Alcohol, systemic use

H2U	Tricyclic antidepressants & rel. non-sel. re-inhib
H2V	Anti-narcolepsy/anti-hyperkinesia agents
H2W	Tricyclic antidepressant/phenothiazine combinations
H2X	Tricyclic antidepressant/benzodiazepine combinations
H2Y	Tricyclic antidepressant/non-phenothiazine comb.
H2Z	Benzodiazepine antagonists
H3A	Analgesics, narcotics
H3B	Analgesics, narcotics (continued 1)
H3C	Analgesics, non-narcotics
H3D	Analgesics, salicylates
H3E	Analgesic/antipyretics, non-salicylate
H3F	Antimigraine preparations
H3G	Analgesics, miscellaneous
H3H	Analgesics narcotic, anesthetic adjunct agents
H3T	Narcotic antagonists
H3W	Narcotic withdrawal therapy agents
H4B	Anticonvulsants
H4C	Anticonvulsants (continued 1)
H4T	Hallucinogens
H5A	Neurotonics/cerebrovascular accident agents
H5B	Neuropathic agents
H6A	Antiparkinsonism drugs, other
H6B	Antiparkinsonism drugs, anticholinergic
H6C	Antitussives, non-narcotic
H6D	Antitussives, non-narcotic (continued 1)
H6E	Emetics
H6H	Skeletal muscle relaxants
H6I	Amyotrophic lateral sclerosis agents
H6J	Antiemetic/antivertigo agents
H6L	Movement disorders (drug therapy)
H6M	Sub.p-nk1 receptor antagonists
H6N	Antitussives, narcotic
H7A	Tricyclic adp/phenothiazine/benzodiazepine comb.
H7B	Alpha-2 receptor antagonist antidepressants
H7C	Serotonin-norepinephrine reuptake-inhib (snris)
H7D	Norepinephrine and dopamine reuptake inhib (ndris)
H7E	Serotonin-2 antagonist/reuptake inhibitors (saris)
H7F	Selective norepinephrine reuptake inhib (nri)
H7G	Serotonin and dopamine reuptake inhibitors (sdris)
H7H	Serotonin specific reuptake inhibitor/ergot comb.
H7I	Antidepressant o.u./barb/belladonna alkaloid comb

H7J	Maois - non-selective & irreversible
H7K	Maois - a selective & reversible (rima)
H7L	Maoi n-s & irreversible/phenothiazine combinatns
H7M	Antidepressant o.u./carbamate anxiolytic combinatn
H7N	Smoking deterrents, other
H7O	Antipsychotics, dopamine antagonists, butyrophenones
H7P	Antipsychotics, dopamine antagonists, thioxanthenes
H7Q	Antipsychotics, dopamine antagonists, benzamides
H7R	Antipsych, dopamine antag., diphenylbutylpiperidines
H7S	Antipsychotics, dopamine antagonst, dihydroindolones
H7T	Antipsychotics, atypical, dopamine, & serotonin antag
H7U	Antipsychotics, dopamine & serotonin antagonists
H7V	Antipsych, dopamine antagonists, iminodibenzyl der.
H7W	Anti-narcolepsy/anti-cataplexy, sedative-type agnt
H7X	Antipsychotics, atyp, d2 partial agonist/5ht mixed
H7Y	Tx for attention deficit-hyperact.(adhd), nri-type
J1A	Parasympathetic agents
J1B	Cholinesterase inhibitors
J2A	Belladonna alkaloids
J2B	Anticholinergics, quaternary ammonium
J2C	Anticholinergics, other
J2D	Anticholinergics/antispasmodics
J2E	Anticholinergics/antispasmodics (continued 1)
J2F	Anticholinergics, quaternary ammonium (cont'd 1)
J3A	Smoking deterrent agents (ganglionic stim, others)
J4A	Ganglionic blocking agents
J5A	Adrenergic agents, catecholamines
J5B	Adrenergics, aromatic, non-catecholamine
J5C	Adrenergic agents, non-aromatic
J5D	Beta-adrenergic agents
J5E	Sympathomimetic agents
J5F	Anaphylaxis therapy agents
J5G	Beta-adrenergics and glucocorticoids combination
J5H	Adrenergic vasopressor agents
J5I	Sympathomimetic agents (continued 1)
J7A	Alpha/beta-adrenergic blocking agents
J7B	Alpha-adrenergic blocking agents
J7C	Beta-adrenergic blocking agents
J7D	Beta-adrenergic blocking agents (continued 1)
J7E	Alpha-adrenergic blocking agent/thiazide comb
J8A	Anorexic agents

J9A	Intestinal motility stimulants
J9B	Antispasmodic agents
L0B	Topical/mucous membr/subcut, enzymes
L0C	Diabetic ulcer preparations, topical
L1A	Antipsoriatic agents, systemic
L1B	Acne agents, systemic
L1C	Hypertrichotic agents, systemic
L1D	Hyperpigmentation agents, systemic
L2A	Emollients
L3A	Protectives
L3B	Protectives (continued 1)
L3C	Protectives (continued 2)
L3E	Protectives (continued 3)
L3P	Antipruritics, topical
L4A	Astringents
L5A	Keratolytics
L5B	Sunscreens
L5C	Abrasives
L5D	Depilatories
L5E	Antiseborrheic agents
L5F	Antipsoriatics agents
L5G	Rosacea agents, topical
L5H	Acne agents, topical
L5I	Wound healing agents, local
L5J	Photoactivated, antineopls. & premalignant lesions
L6A	Irritants/counter-irritants
L6B	Irritants/counter-irritants (continued 1)
L7A	Shampoos/lotion
L8A	Deodorants
L8B	Antiperspirants
L9A	Topical agents, miscellaneous
L9B	Vitamin a derivatives
L9C	Hypopigmentation agents
L9D	Topical hyperpigmentation agents
L9E	Topical agents, miscellaneous (continued 1)
L9F	Cosmetic/skin coloring/dye agents, topical
L9G	Skin tissue replacement
L9H	Vitamin A derivatives, topical acne agents
L9I	Vitamin A derivatives, topical cosmetic agents
L9J	Hair growth reduction agents
M0A	Blood components

M0B	Plasma proteins
M0C	Blood factors, miscellaneous
M0D	Plasma expanders
M0E	Antihemophilic factors
M0F	Factor IX preparations
M0G	Antiporphyria factors
M0H	Factor II preparations
M0J	Factor VII preparations
M0K	Factor X preparations
M0R	Blood albumin preparations
M0S	Synthetic blood preparations
M0U	Blood volume diagnostics
M3A	Occult blood tests
M3B	Blood urea nitrogen tests
M4A	Blood sugar diagnostics
M4B	IV fat emulsions
M4E	Lipotropics
M4F	Lipotropics (cont'd)
M4G	Hyperglycemics
M4H	Agents that affect cellular lipids
M9A	Topical hemostatics
M9D	Antifibrinolytic agents
M9E	Thrombin inhibitors, hirudin type agents
M9F	Thrombolytic enzymes
M9J	Citrates as anticoagulants
M9K	Heparin and related preparations
M9L	Oral anticoagulants, coumarin type
M9M	Oral anticoagulants, indandione type
M9P	Platelet aggregation inhibitors
M9R	Coagulants
M9S	Hemorrheologic agents
M9T	Thrombin inhibitors, selective, direct, & reversible
N1A	Erythroid depressants
N1B	Hematinics, other
N1C	Leukocyte (WBC) stimulants
N1D	Platelet reducing agents
N1E	Platelet proliferation stimulants
P0A	Fertility stimulating preparations, non-FSH
P0B	Follicle stim/luteinizing hormones
P0C	Pregnancy facilitating/maintaining agents, hormonal
P1A	Growth hormones

P1B	Somatostatic agents
P1C	Luteinizing hormones
P1E	Adrenocorticotrophic hormones
P1F	Pituitary suppressive agents
P1G	Adrenal steroid inhibitors
P1H	Growth hormone releasing hormone (GHRH) & analogs
P1L	Luteinizing hormone releasing hormone –lhrh (gnrh)
P1M	LHRH (GNRH) agonist analog pituitary suppressants
P1N	LHRH (GNRH) antagonist, pituitary suppressant agents
P1P	LHRH (GNRH) agnst pit.sup-central precocious puberty
P1Q	Growth hormone receptor antagonists
P1U	Metabolic function diagnostics
P2B	Antidiuretic and vasopressor hormones
P2Z	Posterior pituitary preparations
P3A	Thyroid hormones
P3B	Thyroid function diagnostic agents
P3L	Antithyroid preparations
P4A	Parathyroid hormones
P4B	Bone formation stim. agents - parathyroid hormone
P4L	Bone resorption suppression agents
P5A	Glucocorticoids
P5B	Glucocorticoids (continued 1)
P5C	Glucocorticoids (continued 2)
P5F	Adrenal radioactive diagnostics
P5S	Mineralocorticoids
P5T	Aldosterone antagonists. Do not use O9712
P6A	Pineal hormone agents
Q0A	Topical preparations, non-medicinal
Q1A	Topical ear preparations
Q2A	Ocular photoactivated vessel-occluding agents
Q2B	Ophthalmic surgical aids
Q2C	Ophthalmic anti-inflammatory immunomodulator-type
Q2U	Eye diagnostic agents
Q3A	Rectal preparations
Q3B	Rectal/lower bowel prep. , glucocorticoids, (non-hemorr)
Q3D	Hemorrhoidal preparations
Q3E	Chronic inflam. colon dx, 5-a-salicylat, rectal tx
Q3H	Hemorrhoidals, local/rectal anesthetics
Q3S	Laxatives, local/rectal
Q4A	Vaginal preparations
Q4B	Vaginal antiseptics

Q4F	Vaginal antifungals
Q4G	Vaginal antifungals-antibacterials agents
Q4K	Vaginal estrogen preparations
Q4L	Vaginal lubricants preparations
Q4R	Vaginal antiparasitics
Q4S	Vaginal sulfonamides
Q4W	Vaginal antibiotics
Q5A	Topical preparations, miscellaneous
Q5B	Topical preparations, antibacterials
Q5C	Topicals, hypertrichotic agents
Q5D	Topical preparations, antipsoriatics (see L5FX) o9706
Q5E	Topical anti-inflammatory non-steroidal
Q5F	Topical antifungals
Q5G	Topical antifungals-antibacterials agents
Q5H	Topical local anesthetics
Q5I	Topical veinotonic/vasculoprotector
Q5J	Topical hormonal, otherwise unspecified
Q5K	Topical immunosuppressive agents
Q5L	Therapeutic bath/mineral salts bath products
Q5M	Topical antifungal/antiinflammatory, steroid agent
Q5N	Topical antineoplastics
Q5O	Topical antiedema/anti-inflammatory agents
Q5P	Topical anti-inflammatory steroidal
Q5Q	Top antibio-antibac-antifung-antiinflam agents
Q5R	Topical antiparasitics
Q5S	Topical sulfonamides
Q5T	Topical anti-inflammatory, other
Q5U	Topical anti-cellulite agents
Q5V	Topical antivirals
Q5W	Topical antibiotics
Q5X	Topical antibiotics/antiinflammatory,steroidal
Q5Y	Topical androgenic agents
Q5Z	Topical drugs to treat impotency
Q6A	Eye preparations, miscellaneous
Q6B	Eye anti-infectives (RX only)
Q6C	Eye vasoconstrictors (RX only)
Q6D	Eye vasoconstrictors (OTC only)
Q6E	Eye irrigations
Q6F	Contact lens preparations
Q6G	Miotics/other intraoc. Pressure reducers
Q6H	Eye local anesthetics

Q6I	Eye antibiotic-corticoid combinations
Q6J	Mydriatics
Q6K	Ophthalmic-otic combinations
Q6L	Eye antioxidant,local agents
Q6M	Ophthalmic-otic anti-infective agents
Q6N	Ophthalmic-otic antibiotic-corticoid agents
Q6O	Ophthalmic-otic anti-inflammatory agents
Q6P	Eye antiinflammatory agents
Q6Q	Ophthalmic-otic antifungal agents
Q6R	Eye antihistamines
Q6S	Eye sulfonamides
Q6T	Artificial tears
Q6U	Ophthalmic mast cell stabilizers
Q6V	Eye antivirals
Q6W	Eye antibiotics
Q6X	Ophth sulfonamide-chloramphenicol-type antibx comb
Q6Y	Eye preparations, miscellaneous (OTC)
Q6Z	Eye anti-infectives, (OTC only)
Q7A	Nose preparations, miscellaneous (RX)
Q7B	Nose preparations, misc., Anti-infectives
Q7C	Nose preparations, vasoconstrictors (RX)
Q7D	Nose preparations, vasoconstrictors(OTC)
Q7E	Nasal antihistamine
Q7F	Nasal preparations anti-inflammatory-antibiotics
Q7G	Nasal preparations, irritants/counter-irritants
Q7H	Nasal mast cell stabilizers agents
Q7I	Nasal antibiotic/decongestant combinations
Q7J	Nasal antiinflam., steroid-antibiotic-decongestant
Q7M	Nasal preparations, mucolytic agents
Q7N	Nasal preparation, mucolytic & decongestant agents
Q7P	Nose preparations anti-inflammatory
Q7W	Nose preparations antibiotics
Q7Y	Nose preparations, miscellaneous (OTC)
Q8A	Ear preparations, miscellaneous (RX only)
Q8B	Ear preparations, misc., Anti-infectives
Q8F	Otic preparations, anti-inflammatory-antibiotics
Q8H	Ear preparations, local anesthetics
Q8P	Ear preparations anti-inflammatory
Q8R	Ear preparations, ear wax removers
Q8W	Ear preparations, antibiotics
Q8X	Otic, antifungal-local anesthetic/analgesic

Q8Y	Ear preparations, miscellaneous (OTC)
Q8Z	Otic, antibiotic-local anesthetic/analgesic
Q9A	Urological irrigations
Q9B	Benign prostatic hypertrophy/micturition agents
R1A	Urinary tract antispasmodic agents
R1B	Osmotic diuretics
R1C	Inorganic salt diuretics
R1D	Mercurial diuretics
R1E	Carbonic anhydrase inhibitors
R1F	Thiazide and related diuretics
R1G	Thiazide and related diuretics (cont'd)
R1H	Potassium sparing diuretics
R1J	Aminouracil diuretics
R1K	Diuretics, miscellaneous
R1L	Potassium sparing diuretics in combination
R1M	Loop diuretics
R1R	Uricosuric agents
R1S	Urinary pH modifiers
R1T	Renal competitors
R1U	Renal function diagnostics agents
R2R	Urinary tract radioactive diagnostics
R2U	Urinary tract radiopaque diagnostics
R3U	Urine glucose test aids
R3V	Urine test aids, miscellaneous
R3W	Urine acetone test aids
R3Y	Urine multiple test aids
R3Z	Urine glucose/acetone test aids, strips
R4A	Kidney stone agents
R5A	Urinary tract anesthetic/analgesic agents (azo-dye)
R5B	Urinary tract analgesic agents
S1A	Joint tissue replacement
S2A	Colchicine
S2B	Nsaids, cyclooxygenase inhibitor - type
S2C	Gold salts
S2D	Nsaids, cyclooxygenase inhibitor - type (cont'd 1)
S2E	Nsaids, cyclooxygenase inhibitor - type (cont'd 2)
S2F	Nsaids, cyclooxygenase inhibitor-type (cont'd 3)
S2G	Drugs acting on bone disorders
S2H	Anti-inflammatory/antiarthritics agents, misc
S2I	Anti-inflammatory, pyrimidine synthesis inhibitors
S2J	Anti-inflammatory tumor necrosis factor inhibitors

S2L	Nsaids, cyclooxygenase 2 inhibitor - type
S2M	Anti-flam. interleukin-1 receptor antagonist
S2N	Anti-arthritis, folate antagonist agents
S7A	Neuromuscular blocking agents
S7B	Skeletal muscle, others
S7C	Skeletal muscle relaxant & salicylate combination
U5A	Homeopathic drugs
U5B	Herbal drugs
U5C	Herbal drugs (continued 1)
U5D	Herbal drugs (continued 2)
U5E	Herbal drugs (continued 3)
U5F	Animal/human derived agents
U5G	Herbal drugs (continued 4)
U5H	Herbal drugs (continued 5)
U5I	Herbal drugs (continued 6)
U5J	Herbal drugs (continued 7)
U5K	Herbal drugs (continued 8)
U5L	Herbal drugs (continued 9)
U5M	Multiple herbal ingredient combinations
U5N	Herbal drugs (continued 10)
U5O	Herbal drugs (continued 11)
U5P	Multiple herbal INGR combinations (continued 1)
U5Q	Animal/human derived agents (continued 1)
U5R	Herbal drugs (continued 12)
U5S	Herbal drugs (continued 13)
U5T	Multiple herbal INGR combinations (continued 2)
U5U	Herbal drugs (continued 14)
U5V	Herbal drugs (continued 15)
U5W	Herbal drugs (continued 16)
U5X	Anthroposophic drugs
U6A	Pharmaceutical adjuvants, tableting
U6B	Pharmaceutical adjuvants,coating agents
U6C	Thickening agents, oral
U6E	Ointment/cream bases
U6F	Hydrophilic cream/ointment bases
U6H	Solvents
U6J	Solvents (continued 1)
U6K	Solvents (continued 2)
U6L	Solvents (continued 3)
U6N	Vehicles
U6P	Vehicles (continued)

U6S	Propellants
U6T	Propellants (continued)
U6W	Bulk chemicals
U6X	Bulk chemicals (continued 1)
U7A	Suspending agents
U7B	Suspending agents (continued 1)
U7C	Suspending agents (continued 2)
U7D	Surfactants
U7E	Surfactants (continued)
U7H	Anticorrosive agents
U7J	Chelating agents
U7K	Flavoring agents
U7L	Flavoring agents (continued 1)
U7M	Flavoring agents (continued 2)
U7N	Sweeteners
U7P	Perfumes
U7Q	Coloring agents
U7R	Coloring agents (continued)
U7Z	Bonding/catalyst agents
U8A	Ingredient-free indicators
V1A	Alkylating agents
V1B	Antimetabolites
V1C	Vinca alkaloids
V1D	Antibiotic antineoplastics
V1E	Steroid antineoplastics
V1F	Antineoplastics, miscellaneous
V1G	Radioactive therapeutic agents
V1H	Antineoplastics, miscellaneous (continued 1)
V1I	Chemotherapy antidotes
V1J	Antiandrogenic agents
V1K	Antineoplastics antibody/antibody-drug complexes
V1L	Vascular occlusive agents, antineoplastic adjuvant
V1M	Antineoplastic immunomodulator agents
V1N	Selective retinoid X receptor agonists (RXR)
V1O	Antineoplastic LHRH(GNRH) agonist, pituitary suppr.
V1P	Tumor necrosis factor agents
V1Q	Antineoplastic systemic enzyme inhibitors
V1R	Photoactivated, antineoplastic agents (systemic)
V1S	Intrapleural sclerosing agents, antineoplast. adj.
V1T	Selective estrogen receptor modulators (serm)
V1U	Antineoplastic antibody/radioactive-drug complexes

V2A	Neoplasm monoclonal diagnostic agents
W1A	Penicillins
W1B	Cephalosporins
W1C	Tetracyclines
W1D	Macrolides
W1E	Chloramphenicol and derivatives
W1F	Aminoglycosides
W1G	Antitubercular antibiotics
W1H	Aminocyclitols
W1I	Penicillins (continued)
W1J	Vancomycin and derivatives
W1K	Lincosamides
W1L	Antibiotics
W1M	Streptogramins
W1N	Polymyxin and derivatives
W1O	Oxazolidinones
W1P	Betalactams
W1Q	Quinolones
W1R	Beta-lactamase inhibitors
W1S	Thienamycins
W1T	Cephalosporins (continued)
W1U	Quinolones (continued 1)
W1V	Steroidal antibiotics
W1W	Cephalosporins - 1st generation
W1X	Cephalosporins - 2nd generation
W1Y	Cephalosporins - 3rd generation
W1Z	Cephalosporins - 4th generation
W2A	Absorbable sulfonamides
W2B	Non-absorbable sulfonamides
W2C	Absorbable sulfonamides (continued 1)
W2E	Anti-mycobacterium agents
W2F	Nitrofurantoin derivatives
W2G	Chemotherapeutics, antibacterial, misc
W2Y	Anti-infectives, misc (antibacterials)
W3A	Antifungal antibiotics
W3B	Antifungal agents
W3C	Antifungal agents (continued 1)
W3D	Antifungal agents (continued 2)
W4A	Antimalarial drugs
W4C	Amebicides
W4E	Trichomonacides

W4F	Anti-infectives, misc (antiparasit) Do not use o9703
W4K	Antiprotozoal drugs, miscellaneous
W4L	Anthelmintics
W4M	Antiparasitics
W4N	Insect repellants
W4O	Anthelmintics (continued 1)
W4P	Antileprotics
W4Q	Insecticides
W5A	Antivirals, general
W5B	Antivirals, HIV-specific
W5C	Antivirals, HIV-specific, protease inhibitors
W5D	Antiviral monoclonal antibodies
W5E	Hepatitis A treatment agents
W5F	Hepatitis B treatment agents
W5G	Hepatitis C treatment agents
W5H	Antivirals, general (continued 1)
W5I	Antivirals, hiv-specific, nucleotide analog, rti
W5J	Antivirals, hiv-specific, nucleoside analog, rti
W5K	Antivirals, hiv-specific, non-nucleoside, rti
W5L	Antivirals, hiv-specific, nucleoside alg, rti comb
W5M	Antivirals, hiv-specific, protease inhibitor comb
W5N	Antivirals, hiv-specific, fusion inhibitors
W6A	Drugs to treat sepsis syndrome, non-antibiotic
W7B	Viral/tumorigenic vaccines
W7C	Influenza virus vaccines
W7E	Bacterial hemolytic exotoxins
W7F	Mumps and related virus vaccines
W7G	Antivenins (continued 1)
W7H	Enteric virus vaccines
W7I	Immunostimulants, bacterial
W7J	Neurotoxic virus vaccines
W7K	Antisera
W7L	Gram positive cocci vaccines
W7M	Gram (-) bacilli (non-enteric) vaccines
W7N	Toxin-producing bacilli vaccines/toxoids
W7O	Gram positive rod/bacillus vaccines
W7P	Rickettsial vaccines
W7Q	Gram negative cocci vaccines
W7R	Spirochete vaccines
W7S	Antivenins
W7T	Antigenic skin tests

W7U	Hymenoptera-derived agents
W7V	Rhus extracts (poison oak, poison ivy)
W7W	Allergenic extracts, therapeutics
W7X	Bacteria, aerobic/anaerobic agents
W7Y	Fungi/yeast preparations
W7Z	Vaccine/toxoid preparations, combinations
W8A	Heavy metal antiseptics
W8B	Surface active agents
W8C	Iodine antiseptics
W8D	Oxidizing agents
W8E	Antiseptics, general
W8F	Irrigants
W8G	Antiseptics, miscellaneous
W8H	Mouthwashes
W8I	Antiseptics, miscellaneous (continued 1)
W8J	Antibacterial agents, miscellaneous
W8K	Antiseptics, miscellaneous (continued 2)
W8L	Heavy metal antiseptics (continued 1)
W8T	Preservatives
W8U	Preservatives (continued 1)
W9A	Ketolides
X0A	Blood testing preparations, in-vitro
X1A	Condoms
X1B	Diaphragms/cervical cap
X1C	IUD's
X1D	Pregnancy/ovulation tests (OBS do not use) O9712
X1F	Pregnancy tests
X1G	Ovulation tests
X2A	Needles/needleless devices
X2B	Syringes and accessories
X3A	Ostomy supplies
X4B	Incontinence supplies
X5A	Medical supplies, miscellaneous
X5B	Bandages and related supplies
X5C	Medical supplies, miscellaneous (group 1)
X5D	Gloves
X5E	Bandages and related supplies (cont 1)
X5F	Aseptic tests & accessories
X5G	Gowns/smocks
X6A	Medical supplies, miscellaneous (group 2)
X6D	Dental supplies

X7A	Contact lens preparations (gas, hard, soft)
X8A	Parenteral administration sets
X8B	Blood administration sets
X8C	Irrigation administration sets
X8P	Medical supplies, miscellaneous (group 3)
X8V	Medical supplies, miscellaneous (group 4)
Y0A	Durable medical equipment, miscellaneous
Y0B	Crutches
Y0D	Bed boards
Y0E	Impotency devices
Y1A	Feeding devices
Y1B	Thermometers
Y2G	Clean air centers
Y3A	Durable medical equipment, misc (group 1)
Y3C	Durable medical equipment, misc (group 2)
Y4B	Catheters and related devices
Y5A	Braces and related devices
Y5C	Hot water bottle and related devices
Y7A	Respiratory aids, devices, equipment
Y7B	Medical procedural aids
Y8A	Hearing aids and related devices
Y8B	Rubber syringes
Y9A	Diabetic supplies
Z1A	Histamine preparations
Z1C	Serotonin and derivatives
Z1D	Enzyme replacements (ubiquitous enzymes)
Z1E	Antioxidant agents
Z1F	Immune system cell groups
Z1G	Drugs to TX gaucher DX-type 1, substrate reducing
Z2A	Antihistamines
Z2B	Antihistamines (continued 1)
Z2C	Antiserotonin drugs
Z2D	Histamine H2 inhibitors
Z2E	Immunosuppressives
Z2F	Mast cell stabilizers
Z2G	Immunomodulators
Z2H	Systemic enzyme inhibitors
Z2I	Antihistamines (continued 2)
Z2J	Systemic enzyme catalyzers
Z2K	Serotonin (5ht-4) partial agonist agents
Z2L	Monoclonal antibodies to immunoglobulin e(ige)

Z3G	Miscellaneous agents
Z4A	Prostaglandins
Z4B	Leukotriene receptor antagonists
Z4C	Thromboxane A2 inhibitors
Z4D	Prostacyclins
Z5A	Adjuv. kits for the prep. of radiopharmaceuticals
Z5B	Radiopharmaceuticals elements
Z5C	Adjuvants in radiopharmaceutical therapy
Z5D	Radioactive diagnostics, general
Z8B	Porphyrins and porphyrin derivative agents
Z9A	Unclassified drugs
Z9B	Unclassified drugs (continued 1)
Z9D	Diagnostic preparations, miscellaneous

TOOTH NUMBERS

Last Change Date: 10/1/04

<u>Code</u>	<u>Description</u>
1-32	Adult (Permanent Teeth)
A-T	Deciduous (Primary Teeth)

***Note:** The old quadarant values and new HIPAA values are located on the Oral Cavity Designation table.

TOOTH SURFACE

Last Change Date: 08/16/96

<u>Code</u>	<u>Description</u>
A	All (Mesial - Occlusal - Distial - Buccal - Lingual)
B	Buccal (Labial)
D	Distial
F	Facial
I	Incisal (Same as O - Cannot be billed along with O)
L	Lingual
M	Mesial
O	Occlusal (Incisal)

TOOTH SURFACE COMBINATION ORDERS

Last Change Date: 08/16/96

<u>Code</u>	<u>Description</u>
DB	Distial - Buccal
DI	Distal-Incisal
DO	Distial - Occlusal
DL	Distial - Lingual
IB	Incisal-Buccal
IL	Incisal-Lingual
MB	Mesial - Buccal
MI	Mesial-Incisal
ML	Mesial - Lingual
MO	Mesial - Occlusal
OB	Occlusal - Buccal
OL	Occlusal - Lingual
RT	Retained Root
SN	Supernumerary
DIB	Distal-Incisal-Buccal
DIL	Distal-Incisal-Lingual
DOB	Distial - Occlusal - Buccal
DOL	Distial - Occlusal - Lingual
MID	Mesial-Incisal-Distal
MIL	Mesial-Incisal-Lingual
MOB	Mesial-Occlusal-Buccal
MOD	Mesial - Occlusal - Distial
MOL	Mesial - Occlusal - Lingual
DBML	Distal-Buccal-Mesial-Lingual
DIBL	Distal-Incisal-Buccal-Lingual
DOBL	Distial - Occlusal - Buccal - Lingual
MIBL	Mesial-Incisal-Buccal-Lingual
MIDB	Mesial-Incisal-Distal-Buccal
MIDL	Mesial-Incisal-Distal-Lingual
MIFDL	Mesial-Incisal-Facial-Distal-Lingual
MOBL	Mesial - Occlusal - Buccal - Lingual
MODB	Mesial - Occlusal - Distial - Buccal
MODL	Mesial - Occlusal - Distial - Lingual

TPR BILLING FORM TYPE

Last Change Date: 07/22/97

<u>Code</u>	<u>Description</u>
A	ANSI 837 (Electronic Claims)
B	Absent Parent Bill
C	Claim Facsimile
D	Claim Specific Profile
E	Estate Recovery Profile
F	Insurance Premium Recovery Bill
N	Non-Claim Specific Profile
P	Parental Share Bill
R	Provider

TPR BILLING MEDIA

Last Change Date: 05/30/96

Code	Description
E	Electronic
P	Paper

TPR BILLING MEDIA AND BILLING FORM TYPE XREF

Last Change Date: 05/30/96

<u>Code</u>	<u>Description</u>
A	E
B	P
C	E, P
D	P
E	P
F	P
N	P
P	P
S	P

TPR CARRIER TYPE

Last Change Date: 08/26/96

<u>Code</u>	<u>Description</u>
A	Absent Parent
B	Beneficiary
C	Client
D	Attorney
E	Executor
H	Health Insurance
I	Liability Insurance
L	Lien Holder
MA	Medicare Part A
MB	Medicare Part B
P	Personal Representative
R	Responsible Party (Parental Share, etc.)
T	Trustee

TPR CASE REASONS

Last Change Date: 06/04/96

<u>Code</u>	<u>Description</u>
001	Retro resource identified
002	Client deceased
003	Spouse deceased
004	Parental Share eligible
005	Accident
006	Pay and Chase process

TPR CASE STATUS

Last Change Date: 05/30/96

<u>Code</u>	<u>Description</u>
A	Active
C	Closed
E	Error
E1	Estate Recovery Initial Entry
E2	Estate Recovery Verified Contact
E3	Estate Recovery Re-opened
P	Pended
T1	TEFRA Initial Entry
T2	TEFRA Nursing Home
T3	TEFRA Nursing Home Second
T4	TEFRA Spouse
T5	TEFRA Spouse Second
T6	TEFRA Contact
T7	TEFRA Contact Second
T8	TEFRA RMU
T9	TEFRA RMU Second
TA	TEFRA Non-PI
TB	TEFRA PI Notice
TC	TEFRA Needs Lien
TD	TEFRA Lien Setup
TE	TEFRA PI Hearing
TF	TEFRA Lien Update
TG	TEFRA RMU 1 Year Nursing Home
TH	TEFRA RMU 1 Year Nursing Home Second

TPR CASE TRACKING PEND REASON

Last Change Date: 06/04/96

<u>Code</u>	<u>Description</u>
001	Research needed
002	Carrier requested medical report
003	Carrier needs client information
004	Carrier denied in error
005	Other primary insurance
006	Amount requires special collection
007	Carrier paid provider
008	Carrier paid client

TPR CASE TYPE

Last Change Date: 07/12/96

<u>Code</u>	<u>Description</u>
AC	Absent Parent - Court Ordered
AU	Absent Parent - Unlocated
EA	Estate Recovery Nursing Home Case
EB	Estate Recovery Research Case
EC	Estate Recovery Real Property Case
ED	Estate Recovery Spouse Case
EE	Estate Recovery Non-Spouse Case
EF	Estate Recovery
EG	Estate Recovery No Assets Remain
FR	Fraud
HI	Health Insurance
LB	Liability
LI	Litigation
MI	Missing Information
PR	Provider
PS	Parental Share
RE	Client
SR	SURS
TA	TEFRA Case
TB	TEFRA Spouse Case
TI	Trauma/Injury

TPR COS TO STATE COS CROSSWALK

Last Change Date: 09/21/2000

STATE COS		TPR COS
01-01	Inpatient	01-08 Inpatient Recovery, TPR
01-02	Inpatient XO	
01-03	Inpatient Sterilization	
01-04	Inpatient Abortion	
01-05	Inpatient Family Planning	
01-06	Inpatient PWC-Parent	
01-07	Inpatient PWC-Child	
01-08	Inpatient Recovery, TPR	
01-09	Inpatient Recovery, Other	
01-10	Inpatient Disproportionate Share	
01-11	Inpatient Cost Settlement	
01-12	Inpatient Administratively Necessary Days	
01-13	Nursing Facility Swing Bed	
01-14	Inpatient Mental Health Diagnosis	
01-15	Inpatient ISSH	
02-01	Outpatient	02-10 Outpatient Recovery, TPR
02-02	Outpatient XO	
02-03	Outpatient Sterilization	
02-04	Outpatient Abortion	
02-05	Outpatient Family Planning	
02-06	Outpatient PWC-Parent	
02-07	Outpatient PWC-Child	
02-08	Outpatient EPSDT Screen	
02-09	Outpatient Laboratory	
02-10	Outpatient Recovery, TPR	
02-11	Outpatient Recovery, Other	
02-12	Outpatient Cost Settlement	
02-13	Outpatient Surgery	
02-14	Outpatient Mental Health Diagnosis	
02-15	Outpatient ISSH	
03-01	Physician	03-13 Physician Recovery, TPR
03-02	Physician Crossover	
03-03	Physician Lab Services	
03-04	Physician Lab Crossover	
03-05	Physician Radiology	
03-06	Physician Radiology Crossover	
03-07	Physician Sterilization	
03-08	Physician Abortion	
03-09	Physician Family Planning	
03-10	Physician PWC-Parent	
03-11	Physician PWC-Child	
03-12	Physician EPSDT Screen	
03-13	Physician Recovery, TPR	

STATE COS		TPR COS	
03-14	Physician Recovery, Other		
03-15	Physician Mental Health Diagnosis		
03-16	Physician ISSH		
03-17	Physician ISSH Family Planning		
04-01	Prescribed Drugs	04-07	Drug Recovery, TPR
04-02	Drugs, Nursing Facility		
04-03	Drugs, ICF/MR		
04-04	Drugs, Family Planning		
04-05	Drugs, PWC-Parent		
04-06	Drug, PWC-Child		
04-07	Drug Recovery, TPR		
04-08	Drug Recovery, Other		
04-09	Drug Rebate National		
04-10	Drug Rebate Sidebar		
04-11	Drugs ISSH Nursing Facility		
04-12	Drugs ISSH ICF/MR		
04-13	Drugs ISSH Family Planning		
04-14	Drugs SHN		
04-15	Drugs SHS		
05-01	Nursing Facility	05-02	Nursing Facility Recovery, TPR
05-02	Nursing Facility Recovery, TPR		
05-04	Nursing Facility Crossover Part A		
05-05	Nursing Facility Cost Settlement		
05-06	Nursing Facility ECF SHS	05-02	Nursing Facility Recovery, TPR
05-07	Veterans Home		
06-01	ICF/MR ISSH	06-04	ICF/MR Recovery TPR
06-02	ICF/MR Private		
06-03	ICF/MR State		
06-04	ICF/MR Recovery TPR		
06-05	ICF/MR Recovery Other		
06-06	ICF/MR Cost Settlement - Private		
06-07	ICF/MR Cost Settlement - ISSH		
06-08	IMD/NH Private		
06-09	IMD/NH Private Recovery, TPR		
06-10	IMD/NH Private Recovery, Other		
07-01	Mental Health Facility, SHS	07-02	Mental Health Facility Recovery, TPR
07-02	Mental Health Facility Recovery, TPR		
07-03	Mental Health Facility Recovery, Other		
07-04	Inpatient Mental Disorder		
07-05	Inpatient Mental Disorder SHS under 22		
08-01	Dental Parent	08-03	Dental Recovery. TPR
08-02	Dentures, Parent		
08-03	Dental Recovery. TPR		
08-04	Dental Recovery, Other		
08-05	Dental Children		
08-06	Dentures, Children		
08-07	Dental ISSH		
09-01	MH Clinic Crossover		

STATE COS		TPR COS	
09-02	MH Clinic Private	09-07	Mental Health Clinic Recovery, TPR
09-03	MH Clinic Regional		
09-04	Mental Health Clinic SHN		
09-05	MH Clinic Regional Crossover		
09-06	Mental Health Clinic SHS		
09-07	Mental Health Clinic Recovery, TPR		
09-08	Mental Health Clinic Recovery, Other		
09-09	Clinic, Diagnostic Services		
09-10	Clinic, Diagnostic Services Crossover		
09-11	Clinic, Diagnostic Services Recovery, TPR		
09-12	Clinic, Diagnostic Services Recovery, Other		
10-01	Independent Lab	10-07	Independent Lab Recovery, TPR
10-02	Independent Lab Crossover		
10-03	Independent Lab Family Planning		
10-04	Independent Lab Abortion		
10-05	Independent Lab PWC-Parent		
10-06	Independent Lab PWC-Child		
10-07	Independent Lab Recovery, TPR		
10-08	Independent Lab Recovery, Other		
10-09	Independent Radiology Tech Services		
10-10	Independent Radiology Tech Services PWC-Parent		
10-11	Independent Radiology Tech Services PWC-Child		
10-12	Independent Radiology Tech Services Crossover		
10-13	Independent Radiology Tech Services, Recovery, TPR		
10-14	Independent Radiology Tech Services, Recovery, Other		
10-15	Contract Lab		
10-16	Contract Radiology		
10-17	ISSH Lab		
11-01	Home Health Private	11-03	Home Health Recovery, TPR
11-02	Home Health Crossover		
11-03	Home Health Recovery, TPR		
11-04	Home Health Recovery, other		
11-05	Home Health Cost Settlement		
12-01	Rural Health Clinic	12-08	RHC Recovery, TPR
12-02	RHC Sterilization		
12-03	RHC Abortion		
12-04	RHC Family Planning		
12-05	Rural Health Clinic PWC-Parent		
12-06	Rural Health Clinic PWC-Child		
12-07	RHC EPSDT Screen		
12-08	RHC Recovery, TPR		
12-09	RHC Recovery, Other		
12-10	RHC Cost Settlement		
12-11	RHC Crossover		
13-01	Hospice		

STATE COS		TPR COS	
13-02	Hospice Crossover	13-03	Hospice Recovery, TPR
13-03	Hospice Recovery, TPR		
13-04	Hospice Recovery, Other		
14-01	FQHC	14-09	FQHC Recovery, TPR
14-02	FQHC Crossover		
14-03	FQHC Sterilization		
14-04	FQHC Abortion		
14-05	FQHC Family Planning		
14-06	FQHC PWC-Parent		
14-07	FQHC PWC-Child		
14-08	FQHC EPSDT Screen		
14-09	FQHC Recovery, TPR		
14-10	FQHC Recovery, Other		
14-11	FQHC Cost Settlement		
15-01	Indian Health Service Clinic	15-09	Indian Health Service Clinic Recovery, TPR
15-02	Indian Health Service Clinic Crossover		
15-03	Indian Health Center Sterilization		
15-04	Indian Health Center Abortion		
15-05	Indian Health Center Family Planning		
15-06	Indian Health Service Clinic PWC-Parent		
15-07	Indian Health Service Clinic PWC-Child		
15-08	Indian Health Center EPSDT Screen		
15-09	Indian Health Service Clinic Recovery, TPR		
15-10	Indian Health Service Clinic Recovery, Other		
16-01*	District Health	16-06*	District Health Recovery, TPR
16-02*	District Health Family Planning		
16-03*	District Health EPSDT		
16-04*	District Health PWC-Parent		
16-05*	District Health PWC-Child		
16-06*	District Health Recovery, TPR		
16-07*	District Health Recovery, Other		
17-01	Chiropractor	17-02	Chiropractor Recovery, TPR
17-02	Chiropractor Recovery, TPR		
17-03	Chiropractor Recovery, Other		
17-04	Chiropractor Crossover		
18-01	Nurse Practitioner	18-07	Nurse Practitioner Recovery, TPR
18-02	Nurse Practitioner, abortion		
18-03	Nurse Practitioner, Family Planning		
18-04	Nurse Practitioner, PWC-Parent		
18-05	Nurse Practitioner PWC-Child		
18-06	Nurse Practitioner, EPSDT Screen		
18-07	Nurse Practitioner Recovery, TPR		
18-08	Nurse Practitioner Recovery, Other		
19-01	Nursing-Private Duty	19-02	Nursing Recovery, TPR
19-02	Nursing Recovery, TPR		
19-03	Nursing Recovery, Other		
20-01	Podiatrist Services	20-03	Podiatrist Recovery, TPR
20-02	Podiatrist Crossover		
20-03	Podiatrist Recovery, TPR		

STATE COS		TPR COS	
20-04	Podiatrist Recovery, Other		
21-01	Optometrist Services		
21-02	Optometrist Supplies		
21-03	Optometrist Crossover	21-04	Optometrist Recovery, TPR
21-04	Optometrist Recovery, TPR		
21-05	Optometrist Recovery, Other		
22-01	Optician Services		
22-02	Optician Supplies		
22-03	Optician Recovery, TPR	22-03	Optician Recovery, TPR
22-04	Optician Recovery, Other		
22-05	Optician Crossover		
23-01	Independent Optometric Supplies		
23-02	Independent Optometric Supplies, Recovery, TPR	23-02	Independent Optometric Supplies, Recovery, TPR
23-03	Independent Optometric Supplies, Recovery, Other		
24-01	Transportation		
24-02	Transportation /PWC-Parent		
24-03	Transportation /PWC-Child		
24-04	Transportation Recovery, TPR		
24-05	Transportation Recovery, Other		
24-06	Ambulance	24-04	Transportation(Ambulance) Recovery, TPR
24-07	Ambulance PWC-Parent		
24-08	Ambulance PWC-Child		
24-09	Ambulance Crossover		
24-10	Ambulance Recovery, TPR		
24-11	Ambulance Recovery, Other		
25-01	Physical Therapy		
25-02	Physical Therapy Crossover		
25-03	Physical Therapy Recovery, TPR	25-03	Physical Therapy Recovery, TPR
25-04	Physical Therapy Recovery, Other		
26-01	Certified Registered Nurse Anesthetist		
26-02	Certified Registered Nurse Anesthetist Crossover		
26-03	Certified Registered Nurse Anesthetist PWC-Parent		
26-04	Certified Registered Nurse Anesthetist PWC-Child	26-05	Certified Registered Nurse Anesthetist Recovery, TPR
26-05	Certified Registered Nurse Anesthetist Recovery, TPR		
26-06	Certified Registered Nurse Anesthetist Recovery, Other		
27-01	Audiologist		
27-02	Audiologist Crossover		
27-03	Audiologist Prosthetic Acoustic (Hearing Aids)		
27-04	Audiologist Supplies, Other	27-05	Audiologist Recovery, TPR
27-05	Audiologist Recovery, TPR		
27-06	Audiologist Recovery, Other		
27-07	Audiologist ISSH (Speech and Hearing)		

STATE COS		TPR COS	
28-01	Prosthetic/Orthotic	28-03	Prosthetic/Orthotic Recovery, TPR
28-02	Prosthetic/Orthotic Crossover		
28-03	Prosthetic/Orthotic Recovery, TPR		
28-04	Prosthetic/Orthotic Recovery, Other		
29-01	Medical Supplies	29-02	Medical Supplies Recovery, TPR
29-02	Medical Supplies Recovery, TPR		
29-03	Medical Supplies Recovery, Other		
30-01	Durable Medical Equipment/Supplies	30-03	Durable Medical Equipment/Supplies Recovery, TPR
30-02	Durable Medical Equipment./ Supplies Crossover		
30-03	Durable Medical Equipment/Supplies Recovery, TPR		
30-04	Durable Medical Equipment/Supplies Recovery, Other		
31-01	PCS Waiver Aged/Disabled 1099	31-03	PCS Waiver Aged/Disabled Recovery, TPR
31-02	PCS Waiver Aged/Disabled W2		
31-03	PCS Waiver Aged/Disabled Recovery, TPR		
31-04	PCS Waiver Aged/Disabled Recovery, Other		
31-05	DD HCBS- Waiver, 1099		
31-06	DD HCBS - Waiver, W2		
31-07	DD HCBS - Waiver, Recovery, TPR		
31-08	DD HCBS - Waiver Recovery, Other		
31-09	Special Targeted DD HCBS (ISSH) Waiver 1099		
31-10	Special Targeted DD HCBS (ISSH) Waiver W2		
31-11	Special Targeted HCBS (ISSH) Waiver Recovery, TPR		
31-12	Special Targeted HCBS (ISSH) Waiver Recovery, Other		
31-13	HCBS Waiver 1099 (Conversion Only)		
31-14	HCBS Waiver W-2 (Conversion Only)		
32-01	Personal Care Services Non-Waivered 1099	32-03	Personal Care Services Recovery, TPR
32-02	Personal Care Services, Non-,Waivered W2		
32-03	Personal Care Services Recovery, TPR		
32-04	Personal Care Services Recovery, Other		
32-05			
32-06			
33-01	Targeted Case Management Mental Health		
33-02	Target Case Mgt Mental Health Recovery, TPR		
33-03	Targeted Case Mgt Mental Health Recovery, Other		
33-04	Targeted Case Mgt Personal Care Service		

STATE COS		TPR COS	
33-05	Targeted Case Mgt Personal Care Services Recovery, TPR	33-02	Target Case Mgt Mental Health Recovery, TPR
33-06	Targeted Case Mgt Personal Care Services Recovery, Other		
33-07	Targeted Case Mgt Developmentally Disabled		
33-08	Targeted Case Mgt Developmentally Disabled Recovery, TPR		
33-09	Targeted Case Mgt Developmentally Disabled Recovery, Other		
33-10	Targeted Case Mgt - EPSDT		
33-11	Targeted Case Mgt - EPSDT Recovery, TPR		
33-12	Targeted Case Mgt - EPSDT Recovery, Other		
34-01	Developmentally Disabled Center	34-02	Developmentally Disabled Center Recover, TPR
34-02	Developmentally Disabled Center Recover, TPR		
34-03	Developmentally Disabled Center Recovery, Other		
35-01	Rehabilitation Mental Health	35-02	Rehabilitation Mental Health Recovery, TPR
35-02	Rehabilitation Mental Health Recovery, TPR		
35-03	Rehabilitation Mental Health Recovery, Other		
36-01	School Based Services	36-02	School Based Services Recovery, TPR
36-02	School Based Services Recovery, TPR		
36-03	School Based Services Recovery, Other		
36-04	School District Match		
36-05	Pregnant Teen Services		
36-06	Pregnant Teen Services Recovery, TPR		
36-07	Pregnant Teen Services Recovery, Other		
36-08	Pregnant Teen Services Match		
37-01	Ambulatory Surgery Center	37-03	Ambulatory Surgery Center Recovery, TPR
37-02	Ambulatory Surgery Center Crossover		
37-03	Ambulatory Surgery Center Recovery, TPR		
37-04	Ambulatory Surgery Center Recovery, Other		
38-01	Outpatient Rehabilitation Comprehensive Outpatient Rehab Facility, (CORF)	38-02	Outpatient Rehabilitation Comprehensive Outpatient Rehab Facility (CORF) Recovery, TPR
38-02	Outpatient Rehabilitation Comprehensive Outpatient Rehab Facility (CORF) Recovery, TPR		
38-03	Outpatient Rehabilitation Comprehensive Outpatient Rehab Facility (CORF) Recovery, Other		
39-01	Managed Care Organization Capitation	NONE	
39-02	Managed Care Organization Noncovered Services		

STATE COS		TPR COS
39-03	Managed Care Organization Other	
39-04	Managed Care Organization SOBRA Incentive	
40-01	Case Management Fee	41-04 Insurance Recovery, TPR
41-01	Part A Premiums Buy-in	
41-02	Part B Premiums Buy-in	
41-03	Group Health Plan (Premiums)	
41-04	Insurance Recovery, TPR	
41-05	Insurance Recovery, Other	
42-01	Unknown-default	NONE
43-01	Abortion, State Funded	
43-02	Other, State Funded	
44-01	NATCEP (Administration Cost)	
45-01	State Interest Received, Other	
45-02	State Interest Received, SURS	
45-03	State Interest Received, Fraud	
45-04	State Interest Paid	
45-05	State Penalties and Fines, Other	
45-06	State Penalties and Fines, SURS	
45-07	State Penalties and Fines, Fraud	

TPR COST EFFECTIVENESS PREMIUM PAYMENT END REASON CODES

Last Change Date: 06/04/96

<u>Code</u>	<u>Description</u>
001	No longer cost effective
002	Carrier no longer provides policy
003	Client not eligible
004	No longer employed

TPR COVERAGE CODE

Last Change Date: 09/22/03

Code	Description
0001	Full Coverage
0002	Full Coverage without Dental
0003	Full Coverage without Dental & Drugs
0004	Full Coverage without Vision
0005	Full Coverage without Dental & Vision
0006	Accident Policy
0007	Hospital Policy
0008	Surgical Policy
0009	Accident & Hospital Policy
0010	Cancer Policy
0011	Dental Policy
0012	Drug Only
0013	Vision
0014	Medicare Part A
0015	Medicare Part B
0016	Medicare Supplement - No Drugs
0017	Full Coverage with Dental, without Drugs
0018	Medicare Supplement with Drugs
0019	Full Coverage - No LTC
0020	Full Coverage - No Dental - No LTC
0021	Full Coverage - No Drugs - No LTC
0022	Full Coverage - No Vision - No LTC
0023	Full Coverage - No Dental - No Drugs - No LTC
0024	Full Coverage - No Dental - No Vision - No LTC
0025	Full Coverage - No Dental - No Vision - No Drugs
0026	Full Coverage - No Dental - No Vision - No Drugs - No LTC
0027	Medicare HMO, No Drugs
0028	Medicare Drug
0029	Unknown
0038	Air Ambulance Coverage
0039	LTC/Nursing Home Coverage
0040	Full Coverage w/o Vision, Drug, and LTC
0041	Medicare HMO

TPR Drug Reject Reason Code

Last change date: 05/05/2003

Reject Code	Description
60	Product/service not covered for patient age
61	Product/service not covered for patient gender
65	Patient is not covered
67	Filled before coverage effective
68	Filled after coverage expired
69	Filled after coverage terminated
70	Product/service not covered
73	Refills are not covered
76	Plan limitations exceeded
78	Cost exceeds maximum
AG	Days supply limitations for product/service
M1	Patient not covered in this aid category
M2	Recipient locked in
M4	Prescription/service reference number/time limit exceeded
PA	PA exhausted/not renewable
P5	Coupon expired
RN	Plan limits exceeded on intended partial fill values

TPR EOB CODES

Last Change Date: 10/06/02. **All codes on this list are end-dated 10/06/02.** As of 10/07/02, these codes are replaced by codes on the Adjustment Reason Codes table.

Code	Description	By Pass	Over Ride	Deny
001	Paid in full	X		
002	Paid in part	X		
003	Coinsurance was applied	X		
004	Copay was taken	X		
005	Portion applied to deductible	X		
006	All applied to deductible	X		
007	General Denial	X		
008	Denied, client not eligible	X		
009	Denied, unknown policy	X		
010	Denied, policy does not cover this service	X		
011	Denied, client benefits exhausted	X		
012	Drugs not covered	X		
013	Duplicate billing	X		
014	Denied for pre-existing condition	X		
015	No maternity	X		
016	Reduced payment - non-compliance	X		
017	Uncollectable account	X		
018	Bankruptcy	X		
019	Already recouped	X		
020	Nursing home - not covered	X		
021	Dental not covered	X		
022	Vision not covered	X		
023 – 029	OPEN			
030	Client deceased - no estate			X
031	Not paid, no more assets remain			X
032	Negotiated settlement			X
033	Full settlement			X
034 – 039	OPEN			
040	Parent terminated			X
041	Child no longer on the Parental Share program			X
042	Parent write-off - reconciliation			X
043	Parent write-off - reassessment			X
044 – 059	OPEN			
060	Work compensation denial			X
061	Lost court case			X
062	Absent parent - ICSES collection			X

TPR ORIGIN CODES

Last Change Date: 05/30/96

<u>Code</u>	<u>Description</u>
1	Clients
2	Data Matches
3	Claims
4	Providers
5	IV-D (Child Support)
6	DEERS
7	Eligibility Examiner
8	Medicare
0	Other

TPR POLICY TYPE CODE

Last Change Date: 05/05/03

Code	Description	Type
GP	MCO	Health insurance
OT	ERISA	Health insurance
GP	Group Health	Health insurance
IP	Individual Health	Health insurance
SP	Medicare Supplement	Health insurance
MA	Medicare Part A	Health insurance
MB	Medicare Part B	Health insurance
OT	Railroad Retirement	Health insurance
HN	Medicare HMO	Health insurance
PR	PPO	Health insurance
RP	Homeowner's	Non-health insurance
AP	Automobile	Non-health insurance
PE	Commercial Property	Non-health insurance
WC	Worker's Compensation	Non-health insurance
OT	Other	Non-insurance

TPR RECOVERY TYPE CODE

Last Change Date: 05/30/96

<u>Code</u>	<u>Description</u>
01	Benefit Recovery - EDS Print Request
02	Benefit Recovery - DHW Print Request
03	Benefit Recovery - System Requested
04	Benefit Recovery - In Process
05	Benefit Recovery - Denied
06	Benefit Recovery - Processed
07	Chase - When Threshold Met
08	Chase - Requested
09	Chase - In Process
10	Chase - Denied
11	Chase - Processed
12	CTS - In Process
13	CTS - Facsimile Request
14	CTS - Denied
15	CTS - Process
16	Cost Avoided
17	System Closed

* This table is not found on any reports or screens. It is only used in batch processing.

TPR RELATIONSHIP (Client to Policyholder)

Last Change Date: 04/07/03

New HIPAA	Old	Description
01	1	Spouse
03		Father or mother
04		Grandfather or grandmother
05	4	Grandson or granddaughter
06		Uncle or aunt
07		Nephew or niece
08		Cousin
09	5	Adopted child
10	6	Foster child
11		Son-in-law or daughter-in-law
12		Brother-in-law or sister-in-law
13		Mother-in-law or father-in-law
14		Brother or sister
15		Ward
17	3	Stepson or stepdaughter
18	0	Self
19	2	Child
23		Sponsored dependent: dependent between the ages of 19 and 25 not attending school; age qualifications may vary depending on policy.
24		Dependent of a minor dependent
25		Ex-spouse
26		Guardian
31		Court appointed guardian
32		Mother
33		Father
38		Collateral dependent: relative related by blood or marriage who resides in the home and is dependent on the insured for a major portion of their support.
48		Stepfather
49		Stepmother
53		Life partner: this is a partner that acts like a spouse without a legal marriage commitment.
	6	Other legal guardian
	7	Other
	8	Unknown (for conversion use only)

Individual Relationship Code

Code indicating the relationship between two individuals or entities

For dependents, use this value to identify the relationship to the subscriber. For example, a daughter would be value 19.

TPR SUBROGATION

Last Change Date: 05/30/96

Code	Description
05	Casualty, Worker's Compensation, Litigation
10	Health Insurance through an employer
15	Health Insurance through a second employer
20	Health Insurance provided by a spouse's employer
25	Child's Health Insurance provided by both parent's employers. Parent with earliest birthday in the year provides primary coverage
30	Child's Health Insurance provided by both parent's employers. Parent with latest birthday in the year provides secondary coverage
35	Divorced parents, insured parent with custody
40	Divorced parents, insured parent without custody
45	Insured step-parent
50	Group Insurance and Medicare
55	Individual Health Insurance
60	Medicare Supplement
65	Medicaid Coverage in another State

TRANSACTION STATUS CODES (CLAIMS)

Last Change Date 04/24/97

<u>Transaction Type Code (first digit)</u>	<u>Description</u>
1	Claim Void
3	Regular Claim
4	Adjustment
6	Full Refund
7	Partial Refund
9	Check Void
E	Encounter
R	POS Reversal

<u>Claim Status (second digit)</u>	<u>Description</u>
0	ICN Delete
1	Process For Pay
2	Pended Detail(s)
3	Pended Header
4	Auto Deny
5	Approved To Pay
6	Paid
7	Manual Deny
8	Fiscal Pend
9	POS Reversal
B	Pended Both Header and Detail
D	Denied
F	Front-End Denied
R	Reprocess

TYPE OF BILL CODES

Last Change Date 4/14/04

Type of Facility - 1st Digit

- 1 Hospital
- 2 Skilled Nursing
- 3 Home Health +
- 4 Religious Non-Medical Health Care Institutions - Hospital Inpatient (formerly referred to as Christian Science)
- 5 Religious Non-Medical Health Care Institutions - Post-Hospital Extended Care Services (formerly referred to as Christian Science)
- 6 Intermediate Care
- 7 Clinic*
- 8 Hospital*
- 9 Reserved for National Assignment

Bill Classification (Except Clinics and Special Facilities) - 2nd Digit

- 1 Inpatient (Including Medicare Part A)
- 2 Inpatient (Medicare Part B only)
- 3 Outpatient
- 4 Other (for hospital referenced diagnostic services, or home health not under a plan of treatment)**
- 5 Intermediate Care - Level I**
- 6 Intermediate Care - Level II**
- 7 Sub-acute Inpatient (Revenue Code 19X required when this bill type is used, however 19X may be used with other types of bills.)
- 8 Swing Beds
- 9 Reserved for National Assignment

Bill Classification (Clinics Only) - 2nd Digit

- 1 Rural Health
- 2 Hospital Based or Independent Renal Dialysis Center
- 3 Free Standing
- 4 Outpatient Rehabilitation Facility (ORF)
- 5 Comprehensive Outpatient Rehabilitation Facilities (CORFs)
- 6 Community Mental Health Center
- 7-8 Reserved for National Assignment
- 9 Other

Bill Classification (Special Facilities Only) - 2nd Digit

- 1 Hospice (non-hospital based)
- 2 Hospice (hospital-based)
- 3 Ambulatory Surgery Center
- 4 Free Standing Birthing Center
- 5 Critical Access Hospital
- 6 Residential Facility
- 7-8 Reserved for National Assignment
- 9 Other

Notes for Type of Facility (1st digit) and Bill Classification (2nd digit):

- + If Medicare Home Health:
Use 32X for visits under a plan of treatment under Part B.
Use 33X for visits under a plan of treatment under Part A, including DME under Part A.
Use 34X for Medical and surgical services not under a plan of treatment.
- * If Type of Facility - code 7 (clinic) is used, then the Bill Classification (clinics) - 2nd Digits must be used.
- * If Type of Facility - code 8 (Special Facility) is used, then the Bill Classification (Special Facilities) - 2nd Digit must be used.
- ** To be defined at the state level.

Frequency - 3rd Digit (Definitions follow)

- 0 Non-Payment/Zero Claim
- 1 Admit thru Discharge Claim
- 2 Interim - First Claim
- 3* Interim - Continuing Claim
- 4* Interim - Last Claim
- 5 Late Charge(s) Only Claim
- 6 Reserved (Discontinued as of 10/01/00)
- 7 Replacement of Prior Claim
- 8 Void/Cancel of Prior Claim
- 9 Final Claim for a Home Health PPS Episode
- A Admission/Election Notice (a)

Notes for Frequency (3rd Digit)

- * Do no use for Medicare Inpatient Hospital PPS claims (For second and subsequent interim bills use code 7, and see Condition code D3 (FL24-FL30))
- ** Not an acceptable Medicare Code
- (a) For the Centers of Excellence Demonstration and Provider Partnership Demonstration, usage of A, B, and D is approved for and during the demonstration project only and subject to further evaluation at their conclusion based on the findings/results of the project.

Type Of Bill To Claim Type To Revenue Codes Cross-Reference

Last Change Date 03/31/04

TYPE OF BILL	CLAIM TYPE	REVENUE CODES
111 – 114 117	Inpatient	076 077 101 110 - 114 116 - 118 120 - 124 126 - 128 130 - 134 136 – 138 140 - 144 146 - 148 150 - 154 156 - 158 164 170 - 174 200 - 204 207 - 208 210 - 213 230 - 234 250 - 252 255 257 258 260 - 264 270 - 272 274 – 278 280 289 300 - 302 304 - 307 310 - 312 314 320 - 324 330 331 332 333 335 340 341 342 350 351 352 360 361 362 367 370 371 372 380 - 387 390 391 400 – 403 410 412 413 420 424 429 430 434 439 440 444 450 460 470 471 472 480 481 482 483 489 500 530 531 540 - 547 550 560 610 - 612 621 622 623 700 710 720 - 723 730 - 732 740 750 760 761 762 790 800 - 804 810 - 817 819 880 881 889 890 - 893 901 914 - 916 918 920 - 925 940 941 943 - 947 964 997
121 – 124 127	Inpatient	Same Revenue Codes as Type of Bill 111-114, 483
131, 135, 137	Outpatient Outpatient-Crossover	072 - 080 250 - 253 255 257 258 260 - 264 270 - 272 274 - 276 278 280 289 300 301 - 307 310 - 312 314 320 - 324 330 - 333 335 340 – 342 350 - 352 360 - 362 367 370 - 372 380 - 387 390 391 400 - 404 410 412 413 420 424 429 430 434 439 440 444 450 460 470 - 472 480 - 482 483 489 500 510 519 530 531 540 - 546 547 549 550 559 561 569 610 - 612 621 622 623 634 635 636 700 710 720 - 724 730 - 732 740 750 760 – 762 771 790 810 - 817 819 820 821 830 831 840 841 850 851 880 881 889 - 893

TYPE OF BILL	CLAIM TYPE	REVENUE CODES
		901 910 914 - 916 918 920 - 925 940 942 943 944 945 - 947 964
141, 147	Outpatient Lab	Same Revenue Codes as Type of Bill 131-135, 137
	Outpatient-Crossover	
151, 157	Outpatient AND	074 076 280 289 300 - 307 310 311 312 314 320 - 324 330 - 333 335 340 - 342 350 - 352 380 - 387 390 391 400 - 403 410 460 470 471 472 480 481 482 489 540 - 549 610 - 612 730 - 732 740 750 790 811 - 813 819 - 821 830 831 840 841 850 851 880 881 889 921 - 925 946 947
181 – 184, 187	Nursing Home	100
211 – 215, 217	Nursing Home	100 183 184
221 – 224, 227	Nursing Home Crossovers	250, 251, 252, 253, 254, 255, 257, 258, 270, 271, 272, 273 300
231 – 234, 237		420, 424, 429 430, 434, 439 440, 444, 449 623
331 – 335, 337	Home Health	270 291 421 431 551 571 771
721-724	Outpatient	270, 272, 634, 635, 636, 820, 821, 830, 831, 840, 841, 850 851, 882, 881, 889
721-724, 727	Dialysis	
811 - 812, 817	Hospice	651 652 655 656 657 658

TYPE OF BILL	CLAIM TYPE	REVENUE CODES
813, 814, 817	Hospice Crossovers	651 652 655 656 657 658
831, 837	Outpatient ASC	072 073 077 230 239 250-253 255 257 258 260 - 264 270 - 272 274 - 276 278 280 289
	Outpatient-Crossover	300 - 308 310 - 314 320 - 328 330 - 335 340 341 342 350 - 372 380 - 387 390 391 400 - 408 410 412 413 420 424 430 434 440 444 450 460 470 - 472 480 - 489 490 500 510 519 530 531 550 - 552 559 561 569 610 - 618 621 622 623 700 710 720 - 724 730 - 732 740 750 760 - 762 790 810 - 817 819 - 821 830 831 840 - 841 850 - 851 880 - 881 889 - 893 901 910 912 914 - 916 918 920 921 - 925 942 - 947 964 997
851, 857	Outpatient Crossover	072 - 080 250 - 253 255 257 258 260 - 264 270 - 272 274 - 276 278 280 289 300 301 - 307 310 - 312 314 320 - 324 330 - 333 335 340 - 342 350 - 352 360 - 362 367 370 - 372 380 - 387 390 391 400 - 403 410 412 413 420 424 429 430 434 439 440 444 450 460 470 - 472 480 - 482 483 489 500 510 519 530 531 540 - 546 547 549 550 559 561 569 610 - 612 621 622 623 634 635 636 700 710 720 - 724 730 - 732 740 750 760 - 762 771 790 810 - 817 819 820 821 830 831 840 841 850 851 880 881 889 - 893 901 910 914 - 916 918 920 - 925 940 942 943 944 945 947 964

TYPE OF SERVICE ASSIGNMENTS

Last Change Date: 08/16/96

Type of
Service

Procedure Code(s)

1 90000 - 90590 90700 - 90717 90718 - 90799 90802 90918 - 92508
92002 - 92100 92283 92508 93412 95115 - 99162 99171 - 99631
90600 - 90699 99241 - 99275

Exclude Procedure Codes: 92995 - 93650

A1338	A4035	A4036	A4190	A4200	A4202
A4203	A4204	A4205	A4206	A4208	A4209
A4210	A4211	A4212	A4213	A4214	A4216
A4247	A4250	A4260	A4305	A4306	A4310
A4311	A4313	A4314	A4320	A4327	A4328
A4338	A4341	A4342	A4344	A4345	A4348
A4349	A4351	A4352	A4353	A4354	A4356
A4357	A4358	A4359	A4367	A4402	A4450
A4454	A4460	A4500	A4550	A4554	A4555
A4556	A4558	A4560	A4565	A4570	A4572
A4580	A4581	A4590	A4610	A4613	A4617
A4619	A4620	A4627	A4640	A4641	A4643
A4644	A4645	A4646	A4647	A4648	A4649
A4671	A4750	A4755	A4914	A4927	A5051
A5112	A9190	A9195	A9270	B4084	B4096
C2501	D0330	D7110	D7120	E0114	E0202
E0290	E0291	E0293	E0296	E0615	E0651
E0652	E0667	E0668	E0731	E0746	E0750
E0781	E1399	E1700	G0001	G0002	G0008
G0009	G0010	G0016	G0025	G0026	G0055
G0056	G0057	G0058	G0059	G0060	HCASE
H5010	J0110	J0120	J0130	J0140	J0150
J0160	J0170	J0180	J0190	J0200	J0205
J0210	J0220	J0230	J0240	J0250	J0255
J0256	J0260	J0270	J0280	J0290	J0295
J0300	J0310	J0320	J0330	J0340	J0350
J0360	J0370	J0380	J0390	J0400	J0410
J0420	J0430	J0440	J0450	J0460	J0470
J0475	J0480	J0490	J0500	J0510	J0515
J0520	J0530	J0540	J0550	J0560	J0570
J0580	J0585	J0590	J0600	J0610	J0620
J0630	J0635	J0640	J0650	J0660	J0670
J0680	J0690	J0694	J0695	J0696	J0697
J0698	J0700	J0702	J0704	J0710	J0715
J0720	J0725	J0730	J0740	J0743	J0745
J0750	J0760	J0770	J0780	J0790	J0800
J0810	J0820	J0830	J0835	J0840	J0850

Type of Service	Procedure Code(s)					
1	J0860	J0870	J0880	J0890	J0895	J0900
	J0910	J0920	J0930	J0940	J0945	J0950
	J0960	J0970	J0980	J0990	J0995	J1000
	J1010	J1020	J1030	J1040	J1050	J1055
	J1060	J1070	J1080	J1090	J1100	J1110
	J1120	J1130	J1140	J1150	J1155	J1160
	J1165	J1170	J1180	J1190	J1200	J1205
	J1210	J1212	J1220	J1230	J1240	J1245
	J1250	J1260	J1270	J1280	J1290	J1300
	J1310	J1320	J1330	J1340	J1350	J1360
	J1362	J1364	J1370	J1380	J1390	J1400
	J1405	J1410	J1420	J1430	J1435	J1436
	J1440	J1450	J1455	J1460	J1470	J1480
	J1490	J1500	J1510	J1520	J1530	J1540
	J1550	J1560	J1561	J1562	J1570	J1580
	J1590	J1600	J1610	J1620	J1625	J1630
	J1631	J1640	J1642	J1644	J1650	J1660
	J1670	J1680	J1690	J1700	J1710	J1720
	J1730	J1739	J1740	J1741	J1750	J1760
	J1770	J1780	J1785	J1790	J1800	J1810
	J1820	J1830	J1840	J1850	J1860	J1870
	J1880	J1885	J1890	J1900	J1910	J1920
	J1930	J1940	J1950	J1960	J1970	J1980
	J1990	J2000	J2010	J2020	J2030	J2040
	J2050	J2060	J2070	J2080	J2090	J2100
	J2110	J2120	J2130	J2140	J2150	J2160
	J2170	J2175	J2180	J2190	J2200	J2210
	J2220	J2230	J2240	J2250	J2260	J2270
	J2275	J2280	J2290	J2300	J2310	J2320
	J2321	J2322	J2330	J2340	J2350	J2360
	J2370	J2380	J2390	J2400	J2405	J2410
	J2420	J2430	J2440	J2450	J2460	J2470
	J2480	J2490	J2495	J2500	J2510	J2512
	J2515	J2520	J2530	J2540	J2545	J2550
	J2560	J2570	J2580	J2590	J2595	J2600
	J2610	J2620	J2630	J2640	J2650	J2655
	J2660	J2670	J2672	J2675	J2680	J2690
	J2700	J2710	J2720	J2725	J2730	J2740
	J2750	J2760	J2765	J2770	J2780	J2790
	J2800	J2810	J2820	J2825	J2830	J2840
	J2850	J2860	J2870	J2880	J2890	J2900
	J2910	J2912	J2914	J2920	J2930	J2940
	J2950	J2960	J2970	J2975	J2980	J2990
	J2995	J3000	J3005	J3010	J3020	J3030
	J3040	J3050	J3060	J3070	J3080	J3090
	J3100	J3105	J3110	J3120	J3130	J3140
	J3150	J3160	J3170	J3180	J3186	J3190
	J3200	J3210	J3220	J3230	J3240	J3250
	J3260	J3270	J3280	J3290	J3300	J3301
	J3302	J3303	J3310	J3320	J3330	J3340
	J3350	J3355	J3360	J3364	J3365	J3370

Type of Service	Procedure Code(s)					
1	J3380	J3390	J3400	J3410	J3420	J3430
	J3440	J3450	J3460	J3470	J3480	J3490
	J3500	J3510	J3520	J3530	J3535	J3540
	J3550	J3560	J3570	J4020	J4203	J6000
	J6005	J6010	J6015	J6020	J6025	J6030
	J6035	J6040	J6045	J6065	J7000	J7010
	J7020	J7030	J7040	J7042	J7050	J7051
	J7060	J7070	J7080	J7090	J7100	J7110
	J7120	J7130	J7140	J7150	J7160	J7170
	J7180	J7190	J7191	J7194	J7195	J7196
	J7197	J7300	J7310	J7320	J7330	J7340
	J7350	J7500	J7501	J7502	J7503	J7504
	J7505	J7506	J7507	J7508	J7599	J7620
	J7625	J7630	J7640	J7645	J7660	J7665
	J7675	J8499	J8530	J8560	J8600	J8610
	J8999	J9000	J9010	J9020	J9030	J9031
	J9040	J9045	J9050	J9060	J9062	J9065
	J9070	J9080	J9090	J9091	J9092	J9093
	J9094	J9095	J9096	J9097	J9100	J9110
	J9120	J9130	J9140	J9150	J9160	J9162
	J9165	J9170	J9180	J9181	J9182	J9185
	J9190	J9200	J9202	J9208	J9209	J9210
	J9212	J9213	J9214	J9215	J9216	J9217
	J9218	J9220	J9230	J9240	J9245	J9250
	J9260	J9265	J9270	J9280	J9290	J9291
	J9293	J9295	J9300	J9310	J9320	J9330
	J9340	J9350	J9360	J9370	J9375	J9380
	J9381	J9999	K0108	K0110	K0111	K0126
	K0127	K0128	K0129	K0130	K0131	K0132
	K0133	K0134	K0135	K0136	K0137	K0138
	K0139	K0140	K0141	K0142	K0143	K0144
	K0145	K0146	K0148	K0149	K0150	K0151
	K0152	K0153	K0154	K0164	K0165	K0168
	K0169	K0170	K0171	K0172	K0173	K0174
	K0175	K0176	K0177	K0178	K0179	K0180
	K0181	K0182	K0183	K0184	K0185	K0186
	K0187	K0188	K0189	K0191	K0192	K0196
	K0197	K0198	K0199	K0203	K0204	K0205
	K0206	K0207	K0208	K0209	K0210	K0211
	K0212	K0213	K0214	K0215	K0216	K0217
	K0218	K0219	K0220	K0221	K0222	K0223
	K0224	K0228	K0229	K0230	K0234	K0235
	K0236	K0237	K0238	K0239	K0240	K0241
	K0242	K0243	K0244	K0245	K0246	K0247
	K0248	K0249	K0250	K0251	K0252	K0253
	K0254	K0255	K0256	K0257	K0258	K0259
	K0260	K0261	K0262	K0263	K0264	K0278
	K0281	L0100	L0110	L0120	L0130	L0140
	L0150	L0160	L0170	L0172	L0174	L0180
	L0190	L0200	L0210	L0220	L0300	L0310
	L0315	L0317	L0320	L0330	L0340	L0350

Type of Service	Procedure Code(s)					
1	L0360	L0370	L0380	L0390	L0400	L0410
	L0420	L0430	L0440	L0500	L0510	L0515
	L0520	L0530	L0540	L0550	L0560	L0565
	L0600	L0610	L0620	L0700	L0710	L0810
	L0820	L0830	L0860	L0900	L0910	L0920
	L0930	L0940	L0950	L0960	L0970	L0972
	L0974	L0976	L0978	L0980	L0982	L0984
	L1000	L1010	L1020	L1025	L1030	L1040
	L1050	L1060	L1070	L1080	L1085	L1090
	L1100	L1110	L1120	L1200	L1210	L1220
	L1230	L1240	L1250	L1260	L1270	L1280
	L1290	L1300	L1310	L1499	L1500	L1510
	L1520	L1600	L1610	L1620	L1630	L1640
	L1650	L1660	L1670	L1680	L1685	L1686
	L1700	L1710	L1720	L1730	L1750	L1755
	L1800	L1810	L1815	L1820	L1825	L1830
	L1832	L1834	L1840	L1844	L1845	L1846
	L1850	L1855	L1858	L1860	L1870	L1880
	L1900	L1902	L1904	L1906	L1910	L1920
	L1930	L1940	L1945	L1950	L1960	L1961
	L1970	L1980	L1990	L2000	L2010	L2020
	L2030	L2036	L2037	L2038	L2040	L2050
	L2060	L2070	L2080	L2090	L2102	L2104
	L2106	L2108	L2112	L2114	L2116	L2122
	L2124	L2126	L2128	L2132	L2134	L2136
	L2180	L2182	L2184	L2186	L2188	L2190
	L2192	L2200	L2210	L2220	L2230	L2240
	L2250	L2260	L2265	L2270	L2275	L2280
	L2300	L2310	L2320	L2330	L2335	L2340
	L2350	L2360	L2370	L2375	L2380	L2385
	L2390	L2395	L2397	L2405	L2415	L2425
	L2435	L2475	L2492	L2500	L2510	L2520
	L2525	L2526	L2530	L2540	L2550	L2570
	L2580	L2600	L2610	L2620	L2622	L2624
	L2626	L2627	L2628	L2630	L2640	L2650
	L2660	L2670	L2680	L2750	L2760	L2770
	L2780	L2785	L2795	L2800	L2810	L2820
	L2830	L2840	L2850	L2860	L2999	L3000
	L3001	L3002	L3003	L3010	L3020	L3030
	L3040	L3050	L3060	L3070	L3080	L3090
	L3100	L3140	L3150	L3160	L3170	L3201
	L3202	L3203	L3204	L3206	L3207	L3208
	L3209	L3211	L3212	L3213	L3214	L3215
	L3216	L3217	L3218	L3219	L3221	L3223
	L3224	L3225	L3230	L3250	L3251	L3252
	L3253	L3254	L3255	L3257	L3260	L3265
	L3300	L3310	L3320	L3330	L3332	L3334
	L3340	L3350	L3360	L3370	L3380	L3390
	L3400	L3410	L3420	L3430	L3440	L3450
	L3455	L3460	L3465	L3470	L3480	L3482
	L3485	L3500	L3510	L3520	L3530	L3540

Type of Service	Procedure Code(s)					
1	L3730	L3740	L3800	L3805	L3810	L3815
	L3820	L3825	L3830	L3835	L3840	L3845
	L3850	L3855	L3860	L3890	L3900	L3901
	L3902	L3904	L3906	L3907	L3908	L3910
	L3912	L3914	L3916	L3918	L3920	L3922
	L3924	L3926	L3928	L3930	L3932	L3934
	L3936	L3938	L3940	L3942	L3944	L3946
	L3948	L3950	L3952	L3954	L3960	L3962
	L3963	L3964	L3965	L3966	L3968	L3969
	L3970	L3972	L3974	L3980	L3982	L3984
	L3985	L3986	L3995	L3999	L4000	L4010
	L4020	L4030	L4040	L4045	L4050	L4055
	L4060	L4070	L4080	L4090	L4100	L4110
	L4130	L4200	L4210	L4310	L4320	L4350
	L4360	L4370	L4380	L5000	L5010	L5020
	L5050	L5060	L5100	L5105	L5110	L5150
	L5160	L5200	L5210	L5220	L5230	L5250
	L5270	L5280	L5300	L5310	L5320	L5330
	L5340	L5400	L5410	L5420	L5430	L5450
	L5460	L5500	L5505	L5510	L5520	L5530
	L5535	L5540	L5560	L5570	L5580	L5585
	L5590	L5595	L5600	L5610	L5611	L5613
	L5614	L5616	L5618	L5620	L5622	L5624
	L5626	L5628	L5629	L5630	L5631	L5632
	L5634	L5636	L5637	L5638	L5639	L5640
	L5642	L5643	L5644	L5645	L5646	L5647
	L5648	L5649	L5650	L5651	L5652	L5653
	L5654	L5655	L5656	L5658	L5660	L5661
	L5662	L5663	L5664	L5665	L5666	L5667
	L5668	L5669	L5670	L5672	L5674	L5675
	L5676	L5677	L5678	L5680	L5682	L5684
	L5686	L5688	L5690	L5692	L5694	L5695
	L5696	L5697	L5698	L5699	L5700	L5701
	L5702	L5703	L5704	L5705	L5706	L5707
	L5709	L5710	L5711	L5712	L5714	L5716
	L5718	L5722	L5724	L5726	L5728	L5780
	L5785	L5790	L5795	L5810	L5811	L5812
	L5814	L5816	L5818	L5822	L5824	L5828
	L5830	L5840	L5850	L5855	L5910	L5920
	L5925	L5940	L5950	L5960	L5962	L5964
	L5966	L5970	L5972	L5974	L5976	L5978
	L5979	L5980	L5981	L5982	L5984	L5986
	L5999	L6000	L6010	L6020	L6050	L6055
	L6100	L6110	L6120	L6130	L6200	L6205
	L6250	L6300	L6310	L6320	L6350	L6360
	L6370	L6380	L6382	L6384	L6386	L6388
	L6400	L6450	L6500	L6550	L6570	L6580
	L6582	L6584	L6586	L6588	L6590	L6600
	L6688	L6689	L6690	L6691	L6692	L6700
	L6705	L6710	L6715	L6720	L6725	L6730
	L6735	L6740	L6745	L6750	L6755	L6765

Type of Service	Procedure Code(s)					
1	L6770	L6775	L6780	L6790	L6795	L6800
	L6805	L6806	L6807	L6808	L6809	L6810
	L6825	L6830	L6835	L6840	L6845	L6850
	L6855	L6860	L6865	L6867	L6868	L6870
	L6872	L6873	L6875	L6880	L6890	L6895
	L6900	L6905	L6910	L6915	L6920	L6925
	L6930	L6935	L6940	L6945	L6950	L6955
	L6960	L6965	L6970	L6975	L7010	L7015
	L7020	L7025	L7030	L7035	L7040	L7045
	L7160	L7165	L7170	L7180	L7185	L7186
	L7190	L7191	L7260	L7261	L7266	L7272
	L7274	L7360	L7362	L7364	L7366	L8000
	L8010	L8020	L8030	L8130	L8150	L8300
	L8310	L8320	L8330	L8400	L8410	L8415
	L8420	L8430	L8435	L8440	L8460	L8465
	L8470	L8480	L8485	L8490	L8500	L8501
	L8603	L8680	M0001	M0002	M0005	M0006
	M0007	M0008	M0009	M0010	M0019	M0020
	M0021	M0022	M0023	M0024	M0025	M0029
	M0030	M0039	M0040	M0045	M0049	M0059
	M0061	M0064	M0070	M0071	M0072	M0075
	M0076	M0080	M0090	M0100	M0101	M0200
	M0210	M0215	M0250	M0251	M0252	M0253
	M0254	M0255	M0256	M0257	M0258	M0259
	M0260	M0261	M0300	M0301	M0399	M0520
	M0525	M0526	M0530	M0535	M0540	M0545
	M0560	M0570	M0575	M0580	M0585	M0590
	M0592	M0702	M0704	M0706	M0722	M0724
	M0726	M0728	M0730	M0799	M0805	M0806
	M0808	M0809	M0810	M0811	M0812	M0813
	M0814	M0815	M0816	M0818	M0819	M0820
	M0821	M0822	M0823	M0824	M0825	M0826
	M0828	M0829	M0830	M0831	M0832	M0833
	M0835	M0836	M0837	M0838	M0839	M0850
	M0852	M0854	M0856	M0858	M0860	M0862
	M0864	M0866	M0868	M0870	M0872	M0874
	M0899	M0900	M0902	M0908	M0910	M0912
	M0914	M0916	M0920	M0923	M0928	M0931
	M0932	M0936	M0937	M0938	M0939	M0940
	M0944	M0945	M0948	M0952	M0956	M0960
	M0962	M0964	M0968	M0972	M0973	M0974
	M0978	M0982	M0986	M0987	M0992	M0993
	M0994	M9999	P0023	P0024	P0025	P0026
	P0999	P2005	P2010	P2025	P2026	P2027
	P2028	P2029	P2030	P2031	P2032	P2033
	P2038	P3000	P3001	P4999	P6012	P6120
	P7000	P7001	P7020	P9000	P9001	P9006
	P9007	P9010	P9011	P9012	P9013	P9014
	P9015	P9016	P9017	P9018	P9019	P9020
	P9021	P9022	P9023	P9024	P9600	P9603
	P9604	P9605	P9610	P9615	Q0019	Q0020

Type of Service	Procedure Code(s)					
1	Q0021	Q0022	Q0023	Q0024	Q0026	Q0027
	Q0029	Q0030	Q0044	Q0059	Q0060	Q0061
	Q0062	Q0069	Q0072	Q0091	Q0092	Q0098
	Q0100	Q0103	Q0104	Q0105	Q0106	Q0107
	Q0108	Q0111	Q0112	Q0113	Q0114	Q0115
	Q0116	Q0124	Q0125	Q0126	Q0134	Q0136
	Q0137	Q0138	Q9920	Q9921	Q9922	Q9923
	Q9924	Q9925	Q9926	Q9927	Q9928	Q9929
	Q9930	Q9931	Q9932	Q9933	Q9934	Q9935
	Q9936	Q9937	Q9938	Q9939	Q9940	R0001
	R0005	R0007	R0009	R0010	R0015	R0020
	R0025	R0030	R0035	R0040	R0045	R0050
	R0055	R0059	R0060	R0065	R0070	R0075
	R0076	R0080	R0085	R0129	R0159	R0259
	R0309	R0324	R0325	R0359	R0599	R1029
	R6000	R6012	R6015	R6042	R6045	R6048
	R6051	R6054	R6057	R6060	R6063	R6066
	R6069	R6072	R6075	R6076	R6081	R6084
	R6087	R6090	R6093	R6096	R6099	R6102
	R6105	R6108	R6111	R6114	R6117	R6118
	R6123	R6126	R6129	R6132	R6135	R6138
	R6141	R6144	S9009	S9013	T1000	T1009
	T1010	T1020	T1029	T1030	T1039	T1040
	T1049	T1050	T1059	T1060	T1069	T1070
	T1100	T1110	T1111	T1112	T1199	T1299
	T1399	T1499	T1599	T1699	T1799	T1899
	T1950	T1951	T1952	T1953	T1954	T1955
	T1956	T1957	T1958	T1959	T1960	T1961
	T1962	T1963	T1964	T1965	T1966	T1967
	T1968	T1969	T1970	T1971	T1972	T1973
	T1975	T1976	T1999	T2000	T2010	T2012
	T2015	T2020	T2025	T2026	T2027	T2028
	T2029	T2030	T2031	T2039	T2049	T2055
	T2059	T2069	T2079	T2089	T2099	T2100
	T2105	T2109	T2119	T2129	T2139	T2149
	T2159	T2169	T2179	T2189	T2199	T2209
	T2219	T2229	T2239	T2249	T2259	T2269
	T2279	T2329	T2369	T2389	T2429	T2449
	T3000	T3005	T3009	T3019	T3029	T3039
	T3049	T3059	T3069	T3079	T3089	T3099
	T3109	T3119	T3129	T3139	T3149	T3159
	T3299	T3300	T3301	T3302	T3303	T3304
	T3305	T3306	T3309	T3310	T3315	T3320
	T3329	T3349	T3369	T3389	T3399	T3439
	T3459	T3499	T3559	T3599	T3659	T3699
	T3799	T3800	T3801	T3809	T3819	T3829
	T3839	T3849	T3899	T3909	T3910	T3912
	T3919	T3999	T4009	T4010	T4019	T4029
	T4039	T4049	T4059	T4069	T4079	T4089
	T4099	T4109	T4119	T4129	T4139	T4149
	T4159	T4169	T4179	T4189	T4199	T4209

Type of Service	Procedure Code(s)					
1	T4219	T4229	T4239	T4249	T4259	T4269
	T4279	T4289	T4299	T4309	T4319	T4329
	T4339	T4349	T4359	T4369	T4379	T4389
	T4399	T4499	T4599	T4699	T4799	T4859
	T4899	T4925	T4926	T4927	T4928	T4999
	T5000	T5005	T5010	T5015	T5025	T5035
	T5039	T5041	T5042	T5043	T5044	T5046
	T5059	T5079	T5099	T5100	T5119	T5139
	T5159	T5170	T5179	T5199	T5209	T5229
	T5230	T5239	T5259	T5279	T5299	T5319
	T5339	T5359	T5369	T5379	T5399	T5400
	T5401	T5409	T5419	T5429	T5439	T5449
	T5459	T5469	T5479	T5489	T5499	T5519
	T5529	T5539	T5549	T5559	T5563	T5569
	T5573	T5579	T5583	T5589	T5593	T5599
	T5600	T5609	T5629	T5649	T5669	T5689
	T5709	T5729	T5739	T5749	T5759	T5769
	T5779	T5789	T5799	T5809	T5819	T5829
	T5839	T5849	T5859	T5869	T5879	T5889
	T5899	T5900	T5901	T5902	T5903	T5904
	T5905	T5906	T5908	T5909	T5910	T5911
	T5919	T5920	T5921	T5929	T5939	T5949
	T5959	T5999	T6000	T6005	T6006	T6007
	T6009	T6029	T6049	T6069	T6079	T6089
	T6109	T6129	T6149	T6169	T6189	T6209
	T6229	T6249	T6269	T6289	T6309	T6329
	T6349	T6360	T6369	T6499	T6500	T6505
	T6509	T6510	T6515	T6519	T6520	T6525
	T6529	T6539	T6549	T6559	T6569	T6579
	T6589	T6599	T6619	T6629	T6639	T6649
	T6659	T6669	T6679	T6689	T6699	T6709
	T6719	T6729	T6739	T6749	T6759	T6900
	T6909	T6919	T6929	T6939	T6949	T6950
	T6951	T6952	T6959	T6960	T6970	T6979
	T6999	T7010	T9999	V0105	V0110	V0120
	V0122	V0130	V0131	V0132	V0140	V0150
	V0160	V0170	V0180	V0190	V0200	V0210
	V0220	V0230	V0240	V0250	V0260	V0270
	V0280	V0290	V0300	V0313	V0320	V0330
	V0340	V0350	V0360	V0370	V0380	V0390
	V0400	V0410	V0420	V0430	V0440	V0450
	V0460	V0470	V0480	V0490	V0500	V0510
	V0520	V0530	V0540	V0550	V0560	V0570
	V0580	V0590	V0600	V0610	V0620	V0630
	V0640	V0650	V0660	V0670	V0680	V0690
	V0700	V0710	V0720	V0730	V0799	V1000
	V1005	V1010	V1015	V1020	V1023	V1025
	V1035	V1040	V1045	V1050	V1055	V1060
	V1065	V1070	V1075	V1080	V1085	V1090
	V1095	V1100	V1105	V1110	V1115	V1120
	V1125	V1130	V1135	V1140	V1145	V1150

Type of Service	Procedure Code(s)					
1	V1155	V1160	V1165	V1170	V1175	V1180
	V1185	V1190	V1195	V1200	V1205	V1210
	V1215	V1220	V1225	V1230	V1235	V1240
	V1245	V1250	V1255	V1260	V1265	V1270
	V1275	V1280	V1285	V1290	V1295	V1300
	V1305	V1310	V1315	V1320	V1325	V1330
	V1335	V1340	V1345	V1350	V1355	V1357
	V1360	V1365	V1370	V1375	V1380	V1385
	V1390	V1395	V1400	V1405	V1410	V1415
	V1420	V1425	V1430	V1435	V1440	V1445
	V1450	V1455	V1465	V1470	V1475	V1480
	V1485	V1490	V1495	V1500	V1505	V1510
	V1515	V1520	V1525	V1530	V1535	V1540
	V1545	V1550	V1555	V1560	V1565	V1570
	V1575	V1580	V1585	V1590	V1599	V2020
	V2025	V2030	V2035	V2039	V2100	V2101
	V2102	V2103	V2104	V2105	V2106	V2107
	V2108	V2109	V2110	V2111	V2112	V2113
	V2114	V2115	V2116	V2117	V2118	V2199
	V2200	V2201	V2202	V2203	V2204	V2205
	V2206	V2207	V2208	V2209	V2210	V2211
	V2212	V2213	V2214	V2215	V2216	V2217
	V2218	V2219	V2220	V2299	V2300	V2301
	V2302	V2303	V2304	V2305	V2306	V2307
	V2308	V2309	V2310	V2311	V2312	V2313
	V2314	V2315	V2316	V2317	V2318	V2319
	V2320	V2399	V2410	V2430	V2499	V2500
	V2502	V2503	V2510	V2511	V2512	V2513
	V2520	V2521	V2522	V2523	V2530	V2599
	V2600	V2610	V2615	V2620	V2621	V2622
	V2623	V2624	V2625	V2626	V2627	V2628
	V2629	V2630	V2631	V2632	V2700	V2710
	V2715	V2718	V2730	V2740	V2741	V2742
	V2743	V2744	V2750	V2755	V2760	V2770
	V2780	V2799	V5050	V5070	V5080	V5090
	V5140	W0350	W0490	W4165	W5385	W7004
	W7005	W7123	XX001	XX002	XX003	XX004
	XX005	XX006	XX007	XX008	XX009	XX010
	XX011	XX014	X0140	X0170	X0174	X0177
	X0220	X0230	X0285	X0290	X0300	X0335
	X0340	X0480	X0490	X0520	X0595	X0610
	X0630	X0840	X0850	X0910	X0920	X1070
	X1080	X1150	X1204	X1270	X1290	X1330
	X1375	X1400	X1410	X1415	X1430	X1440
	X1441	X1450	X1500	X1515	X1940	X4805
	X4810	X4830	X4840	X4852	X4854	X5050
	X5140	X5141	X5155	X5160	X5180	X5181
	X5230	X5250	X5252	X5254	X5270	YY001
	YY002	YY003	YY004	YY005	YY006	Y1834
	Y5285	Y7160	Y7220	Y7221	Y7300	Y7301
	Y7302	Y7303	Y8040	Y8172	Y8224	Y8246

Type of Service	Procedure Code(s)					
1	Y8254	Y8257	Y8323	Y8350	Y8459	ZZ001
	Z0112	Z0117	Z0137	Z4170	Z4205	Z4206
	Z4285	Z4361	Z4420	Z4801	Z9025	Z9026
	0015M	0077C	0078C	0079C	0080C	0081C
	0085C	0090C	0095C	0096C	0100J	0100M
	0105M	0110M	0115M	0702V	1797M	1798M
	1799M	2021V	2022V	2039V	3579V	3600V
	4085B	4086B	5200S	5300S	5400S	5940P
	5942P	5951P	5999I	6773S	8296A	8297A
	8298A	9025E	9381E	9382E	9383E	9384E
	9385E	9391E	9392E	9393E	9394E	9395E
	9401E	9402E	9403E	9404E	9699J	9700J
	9701J	9702J	9707J	9712J	9718J	9720J
	9731J	9737J	9742J	9910M	9913M	

Type of
Service

2

Procedure Code(s)
10000 - 69979 57170 92995 - 93650

Exclude Procedure Codes: 36415 59020 59025 93412

0101	0102	0109	0111	0112	0113
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0123	0124	0125	0131	0132	0139
0141	0142	0151	0152	0153	0159
016	0201	0202	0203	0204	0205
0206	0207	0211	0212	0213	0214
022	0231	0232	0233	0234	0235
0239	0241	0242	0243	0291	0292
0293	0294	0295	0296	0299	0301
0302	0309	031	0321	0329	0331
0332	0339	034	0351	0352	0353
0359	036	0371	0372	0379	038
0390	0391	0392	0393	0394	0395
0396	0397	0398	0399	0401	0402
0403	0404	0405	0406	0407	0411
0412	0419	042	043	0441	0442
0443	0444	0449	045	046	0471
0472	0473	0474	0475	0476	0479
0480	0481	0489	0491	0492	0493
0499	050	0511	0519	0521	0522
0523	0524	0525	0529	0531	0532
0539	0581	0589	059	0601	0602
0609	0611	0612	0613	0619	062
0631	0639	064	0650	0651	0652
066	067	0681	0689	0691	0692
0693	0694	0695	0698	0699	0700
0701	0702	0711	0712	0713	0714
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0729	073	0741	0742	0743	0744
0745	0749	0751	0752	0753	0754

Type of Service	Procedure Code(s)					
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	0768	0769	0771	0772	0779	0780
	0781	0782	0791	0792	0793	0794
	0799	0801	0802	0809	0811	0819
	0820	0821	0822	0823	0824	0825
	0831	0832	0833	0834	0835	0836
	0837	0838	0841	0842	0843	0844
	0849	0851	0852	0859	0861	0862
	0863	0864	0869	0870	0871	0872
	0873	0874	0881	0882	0883	0884
	0885	0886	0887	0889	0891	0892
	0893	0899	090	0911	0912	0919
	0920	0921	0922	0923	093	0941
	0942	0943	0944	0949	0951	0952
	0953	0959	096	0971	0972	0973
	0981	0982	0983	0991	0999	100
	101	1021	1029	1031	1032	1033
	1041	1042	1043	1044	1049	105
	106	1091	1099	110	111	1121
	1122	1129	1131	1132	1139	1141
	1142	1143	1149	1151	1152	1153
	1159	1160	1161	1162	1163	1164
	1169	1171	1172	1173	1174	1175
	1176	1179	1191	1192	1199	1200
	1201	1202	1211	1212	1213	1214
	1221	1222	1229	1231	1232	1233
	1234	1235	1239	1240	1241	1242
	1243	1244	1251	1252	1253	1254
	1255	1259	1261	1262	1263	1264
	1265	1266	1269	1271	1272	1273
	1274	1279	1281	1282	1283	1284
	1285	1286	1287	1288	1289	1291
	1292	1293	1297	1298	1299	1300
	1301	1302	1311	1319	132	133
	1341	1342	1343	1351	1359	1361
	1362	1363	1364	1365	1366	1369
	1370	1371	1372	138	139	1400
	1401	1402	1411	1419	1421	1422
	1423	1424	1425	1426	1427	1429
	1431	1432	1433	1434	1435	1439
	1441	1449	1451	1452	1453	1454
	1455	1459	146	1471	1472	1473
	1474	1475	1479	149	1501	1509
	1511	1512	1513	1519	1521	1522
	1529	153	154	155	156	157
	159	1601	1602	1609	161	1621
	1622	1623	1629	1631	1639	1641
	1642	1649	1651	1652	1659	1661
	1662	1663	1664	1665	1666	1669
	1671	1672	1681	1682	1689	1691
	1692	1693	1698	1699	1801	1802

Type of Service	Procedure Code(s)					
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	1831	1839	184	185	186	1871
	1872	1879	189	190	1911	1919
	1921	1929	193	194	1952	1953
	1954	1955	196	199	2001	2009
	201	2021	2022	2023	2031	2032
	2039	2041	2042	2049	2051	2059
	2061	2062	2071	2072	2079	208
	2091	2092	2093	2094	2095	2096
	2097	2098	2099	2100	2101	2102
	2103	2104	2105	2106	2107	2109
	211	2121	2122	2129	2130	2131
	2132	214	215	2161	2162	2169
	2171	2172	2181	2182	2183	2184
	2185	2186	2187	2188	2189	2191
	2199	2200	2201	2202	2211	2212
	2219	222	2231	2239	2241	2242
	2250	2251	2252	2253	2260	2261
	2262	2263	2264	2271	2279	229
	2301	2309	2311	2319	232	233
	2341	2342	2343	2349	235	236
	2370	2371	2372	2373	240	2411
	2412	2419	242	2431	2432	2439
	244	245	246	247	248	2491
	2499	2501	2502	2509	251	252
	253	254	2551	2559	2591	2592
	2593	2594	2599	260	2611	2612
	2619	2621	2629	2630	2631	2632
	2641	2642	2649	2691	2699	270
	271	2721	2722	2723	2724	2729
	2731	2732	2741	2742	2743	2749
	2751	2752	2753	2754	2755	2756
	2757	2759	2761	2762	2763	2769
	2771	2772	2773	2779	2791	2792
	2799	280	2811	2819	282	283
	284	285	286	287	2891	2892
	2899	290	2911	2912	2919	292
	293	294	2951	2952	2953	2954
	2959	2991	2992	2999	3001	3009
	301	3021	3022	3029	303	304
	310	311	3121	3129	313	3141
	3142	3143	3144	3145	3148	3149
	315	3161	3162	3163	3164	3169
	3171	3172	3173	3174	3175	3179
	3191	3192	3193	3194	3195	3198
	3199	320	3201	3209	321	3221
	3222	3228	3229	323	324	325
	326	329	330	331	3321	3322
	3323	3324	3325	3326	3327	3328
	3329	3331	3332	3333	3334	3339
	3341	3342	3343	3348	3349	335

Type of Service	Procedure Code(s)					
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	3424	3425	3426	3427	3428	3429
	343	344	3451	3459	346	3471
	3472	3473	3474	3479	3481	3482
	3483	3484	3485	3489	3491	3492
	3493	3499	3500	3501	3502	3503
	3504	3510	3511	3512	3513	3514
	3520	3521	3522	3523	3524	3525
	3526	3527	3528	3531	3532	3533
	3534	3535	3539	3541	3542	3550
	3551	3552	3553	3554	3560	3561
	3562	3563	3570	3571	3572	3573
	3581	3582	3583	3584	3591	3592
	3593	3594	3595	3596	3598	3599
	3600	3601	3602	3603	3604	3605
	3606	3609	3610	3611	3612	3613
	3614	3615	3616	3619	362	363
	3691	3699	370	3710	3711	3712
	3721	3722	3723	3724	3725	3726
	3727	3729	3731	3732	3733	3734
	374	375	3761	3762	3763	3764
	3765	3766	3770	3771	3772	3773
	3774	3775	3776	3777	3778	3779
	3780	3781	3782	3783	3785	3786
	3787	3789	3791	3792	3793	3794
	3795	3796	3797	3798	3799	3800
	3801	3802	3803	3804	3805	3806
	3807	3808	3809	3810	3811	3812
	3813	3814	3815	3816	3818	3821
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	3840	3841	3842	3843	3844	3845
	3846	3847	3848	3849	3850	3851
	3852	3853	3855	3857	3859	3860
	3861	3862	3863	3864	3865	3866
	3867	3868	3869	387	3880	3881
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	3895	3898	3899	390	391	3921
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	3954	3955	3956	3957	3958	3959
	3961	3962	3963	3964	3965	3966
	397	398	3991	3992	3993	3994
	3995	3996	3997	3998	3999	400
	4011	4019	4021	4022	4023	4024
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	4051	4052	4053	4054	4059	4061

Type of Service	Procedure Code(s)					
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	4101	4102	4103	4104	411	412
	4131	4132	4133	4138	4139	4141
	4142	4143	415	4191	4192	4193
	4194	4195	4198	4199	4201	4209
	4210	4211	4212	4219	4221	4222
	4223	4224	4225	4229	4231	4232
	4233	4239	4240	4241	4242	4251
	4252	4253	4254	4255	4256	4258
	4259	4261	4262	4263	4264	4265
	4266	4268	4269	427	4281	4282
	4283	4284	4285	4286	4287	4289
	4291	4292	4299	430	431	4311
	4319	432	433	4341	4342	4349
	435	436	437	4381	4389	4391
	4399	440	4400	4401	4402	4403
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	4421	4422	4429	4431	4439	4440
	4441	4442	4443	4444	4449	445
	4461	4462	4463	4464	4465	4466
	4469	4491	4492	4493	4494	4499
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	4513	4514	4515	4516	4519	4521
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	4528	4529	4530	4531	4532	4533
	4534	4541	4542	4543	4549	4550
	4551	4552	4561	4562	4563	4571
	4572	4573	4574	4575	4576	4579
	458	4590	4591	4592	4593	4594
	4595	4601	4602	4603	4604	4610
	4611	4612	4613	4614	4620	4621
	4622	4623	4624	4631	4632	4639
	4640	4641	4642	4643	4650	4651
	4652	4660	4661	4662	4663	4664
	4671	4672	4673	4674	4675	4676
	4679	4680	4681	4682	4685	4691
	4692	4693	4694	4695	4696	4699
	470	471	472	4791	4792	4799
	480	481	4821	4822	4823	4824
	4825	4826	4829	4831	4832	4833
	4834	4835	4836	4841	4849	485
	4861	4862	4863	4864	4865	4869
	4871	4872	4873	4874	4875	4876
	4879	4881	4882	4891	4892	4893
	4899	4901	4902	4903	4904	4911
	4912	4921	4922	4923	4929	493
	4931	4939	4941	4942	4943	4944
	4945	4946	4947	4949	4951	4952
	4959	496	4971	4972	4973	4974
	4979	4991	4992	4993	4994	4995
	4999	500	5011	5012	5019	5021

Type of Service	Procedure Code(s)					
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	5121	5122	5123	5131	5132	5133
	5134	5135	5136	5137	5139	5141
	5142	5143	5149	5151	5159	5161
	5162	5163	5164	5169	5171	5172
	5179	5181	5182	5183	5184	5185
	5186	5187	5188	5189	5191	5192
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	5199	5201	5209	5211	5212	5213
	5214	5219	522	5221	5222	523
	524	5251	5252	5253	5259	526
	527	5280	5281	5282	5283	5291
	5292	5293	5294	5295	5296	5297
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	5304	5305	5310	5311	5312	5313
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	5361	5369	537	5380	5381	5382
	539	540	5411	5412	5419	5421
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	544	545	5461	5462	5463	5464
	5471	5472	5473	5474	5475	5491
	5492	5493	5494	5495	5496	5497
	5498	5499	5501	5502	5503	5504
	5511	5512	5521	5522	5523	5524
	5529	5531	5539	554	5551	5552
	5553	5554	5561	5569	557	5581
	5582	5583	5584	5585	5586	5587
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	5596	5597	5598	5599	560	561
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	5685	5686	5689	5691	5692	5693
	5694	5695	5699	570	5711	5712
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	5788	5789	5791	5792	5793	5794
	5795	5796	5797	5798	5799	580
	581	5821	5822	5823	5824	5829
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	5844	5845	5846	5847	5849	585
	586	5891	5892	5893	5899	5900
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Type of Service	Procedure Code(s)					
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	6094	6099	610	6111	6119	612
	613	6141	6142	6149	6191	6192
	6199	620	6211	6212	6219	622
	623	6241	6242	625	6261	6269
	627	6291	6292	6299	6301	6309
	631	632	633	634	6351	6352
	6353	6359	636	6370	6371	6372
	6373	6381	6382	6383	6384	6385
	6389	6391	6392	6393	6394	6395
	6399	640	6411	6419	642	643
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	645	6491	6492	6493	6494	6495
	6496	6497	6498	6499	650	6511
	6512	6519	6521	6522	6529	653
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	6572	6573	6579	658	6591	6592
	6593	6594	6595	6599	660	6601
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	6732	6733	6739	674	675	6761
	6762	6769	680	6811	6812	6813
	6814	6815	6816	6819	6821	6822
	6829	683	684	685	686	687
	688	689	6890	6901	6902	6909
	6911	6919	6921	6922	6923	6929
	693	6941	6942	6949	6951	6952
	6959	696	697	6991	6992	6993
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	7123	7124	7129	713	714	715
	7161	7162	7171	7172	7179	718
	719	720	721	7221	7229	7231
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Type of Service	Procedure Code(s)					
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	7561	7562	7569	757	758	7591
	7592	7593	7594	7599	7601	7609
	7611	7619	762	763	7631	7639
	7641	7642	7643	7644	7645	7646
	765	7661	7662	7663	7664	7665
	7666	7667	7668	7669	7670	7671
	7672	7673	7674	7675	7676	7677
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	7695	7696	7697	7699	7700	7701
	7702	7703	7704	7705	7706	7707
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Type of Service	Procedure Code(s)					
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	7962	7963	7964	7965	7966	7967
	7968	7969	7970	7971	7972	7973
	7974	7975	7976	7977	7978	7979
	7980	7981	7982	7983	7984	7985
	7986	7987	7988	7989	7990	7991
	7992	7993	7994	7995	7996	7997
	7998	7999	8000	8001	8002	8003
	8004	8005	8006	8007	8008	8009
	8010	8011	8012	8013	8014	8015
	8016	8017	8018	8019	8020	8021
	8022	8023	8024	8025	8026	8027
	8028	8029	8030	8031	8032	8033
	8034	8035	8036	8037	8038	8039
	8040	8041	8042	8043	8044	8045
	8046	8047	8048	8049	8050	8051
	8052	8059	806	8070	8071	8072
	8073	8074	8075	8076	8077	8078
	8079	8080	8081	8082	8083	8084
	8085	8086	8087	8088	8089	8090
	8091	8092	8093	8094	8095	8096
	8097	8098	8099	8100	8101	8102
	8103	8104	8105	8106	8107	8108
	8109	8111	8112	8113	8114	8115
	8116	8117	8118	8120	8121	8122
	8123	8124	8125	8126	8127	8128
	8129	8131	8139	8140	8141	8142
	8143	8144	8145	8146	8147	8148
	8149	8151	8152	8153	8154	8155
	8156	8157	8159	8161	8162	8163
	8164	8169	8171	8172	8173	8174
	8175	8179	8180	8181	8182	8183
	8184	8185	8186	8187	8191	8192
	8193	8194	8195	8196	8197	8198
	8199	8201	8202	8203	8204	8209
	8211	8212	8219	8221	8222	8229
	8231	8232	8233	8234	8235	8236
	8239	8241	8242	8243	8244	8245
	8246	8251	8252	8253	8254	8255
	8256	8257	8258	8259	8261	8269
	8271	8272	8279	8281	8282	8283
	8284	8285	8286	8289	8291	8292
	8293	8294	8295	8296	8299	8301
	8302	8303	8309	8311	8312	8313
	8314	8319	8321	8329	8331	8332
	8339	8341	8342	8343	8344	8345
	8349	835	8361	8362	8363	8364
	8365	8371	8372	8373	8374	8375
	8376	8377	8379	8381	8382	8383

Type of Service	Procedure Code(s)					
2	8384	8385	8386	8387	8388	8389
	8391	8392	8393	8394	8395	8396
	8397	8398	8399	8400	8401	8402
	8403	8404	8405	8406	8407	8408
	8409	8410	8411	8412	8413	8414
	8415	8416	8417	8418	8419	8421
	8422	8423	8424	8425	8426	8427
	8428	8429	843	8440	8441	8442
	8443	8444	8445	8446	8447	8448
	8491	8492	8493	8499	850	8511
	8512	8519	8520	8521	8522	8523
	8524	8525	8531	8532	8533	8534
	8535	8536	8541	8542	8543	8544
	8545	8546	8547	8548	8550	8551
	8552	8553	8554	856	857	8581
	8582	8583	8584	8585	8586	8587
	8589	8591	8592	8593	8594	8595
	8596	8599	8601	8602	8603	8604
	8605	8606	8607	8609	8611	8619
	8621	8622	8623	8624	8625	8626
	8627	8628	863	864	8651	8659
	8660	8661	8662	8663	8664	8665
	8666	8669	8670	8671	8672	8673
	8674	8675	8681	8682	8683	8684
	8685	8686	8689	8691	8692	8693
	8699	8701	8702	8703	8704	8705
	8706	8707	8708	8709	8711	8712
	8713	8714	8715	8716	8717	8721
	8722	8723	8724	8729	8731	8732
	8733	8734	8735	8736	8737	8738
	8739	8741	8742	8743	8744	8749
	8751	8752	8753	8754	8759	8761
	8762	8763	8764	8765	8766	8769
	8771	8772	8773	8774	8775	8776
	8777	8778	8779	8781	8782	8783
	8784	8785	8789	8791	8792	8793
	8794	8795	8799	8801	8802	8803
	8804	8809	8811	8812	8813	8814
	8815	8816	8819	8821	8822	8823
	8824	8825	8826	8827	8828	8829
	8831	8832	8833	8834	8835	8836
	8837	8838	8839	8840	8841	8842
	8843	8844	8845	8846	8847	8848
	8849	8850	8851	8852	8853	8854
	8855	8856	8857	8858	8860	8861
	8862	8863	8864	8865	8866	8867
	8868	8871	8872	8873	8874	8875
	8876	8877	8878	8879	8881	8882
	8883	8884	8885	8886	8889	8890
	8891	8892	8893	8894	8895	8897
	8898	8899	8901	8902	8903	8904

Type of Service	Procedure Code(s)					
2	8905	8906	8907	8908	8909	8910
	8911	8912	8913	8914	8915	8916
	8917	8918	8919	8921	8922	8923
	8924	8925	8926	8929	8931	8932
	8933	8934	8935	8936	8937	8938
	8939	8941	8942	8943	8944	8945
	8946	8947	8948	8949	8951	8952
	8953	8954	8955	8956	8957	8958
	8959	8961	8962	8963	8964	8965
	8966	8967	8968	8969	897	898
	9001	9002	9003	9004	9005	9006
	9009	9011	9012	9013	9014	9015
	9016	9019	9021	9022	9023	9024
	9025	9026	9029	9031	9032	9033
	9034	9035	9036	9039	9041	9042
	9043	9044	9045	9046	9049	9051
	9052	9053	9054	9055	9056	9059
	9061	9062	9063	9064	9065	9066
	9069	9071	9072	9073	9074	9075
	9076	9079	9081	9082	9083	9084
	9085	9086	9089	9091	9092	9093
	9094	9095	9096	9099	9101	9102
	9103	9104	9105	9106	9109	9111
	9112	9113	9114	9115	9116	9119
	9121	9122	9123	9124	9125	9126
	9129	9131	9132	9133	9134	9135
	9136	9139	9141	9142	9143	9144
	9145	9146	9149	9151	9152	9153
	9154	9155	9156	9159	9161	9162
	9163	9164	9165	9166	9169	9171
	9172	9173	9174	9175	9176	9179
	9181	9182	9183	9184	9185	9186
	9189	9191	9192	9193	9194	9195
	9196	9199	9201	9202	9203	9204
	9205	9209	9211	9212	9213	9214
	9215	9216	9217	9218	9219	9221
	9222	9223	9224	9225	9226	9227
	9228	9229	923	9301	9302	9303
	9304	9305	9306	9307	9308	9309
	9311	9312	9313	9314	9315	9316
	9317	9318	9319	9321	9322	9323
	9324	9325	9326	9327	9328	9329
	9331	9332	9333	9334	9335	9336
	9337	9338	9339	9341	9342	9343
	9344	9345	9346	9351	9352	9353
	9354	9355	9356	9357	9358	9359
	9361	9362	9363	9364	9365	9366
	9367	9371	9372	9373	9374	9375
	9376	9377	9378	9381	9382	9383
	9384	9385	9389	9390	9391	9392
	9393	9394	9395	9396	9397	9398

Type of Service	Procedure Code(s)					
2	9399	9401	9402	9403	9408	9409
	9411	9412	9413	9419	9421	9422
	9423	9424	9425	9426	9427	9429
	9431	9432	9433	9434	9435	9436
	9437	9438	9439	9441	9442	9443
	9444	9445	9446	9449	9451	9452
	9453	9454	9455	9459	9461	9462
	9463	9464	9465	9466	9467	9468
	9469	9501	9502	9503	9504	9505
	9506	9507	9509	9511	9512	9513
	9514	9515	9516	9521	9522	9523
	9524	9525	9526	9531	9532	9533
	9534	9535	9536	9541	9542	9543
	9544	9545	9546	9547	9548	9549
	9601	9602	9603	9604	9605	9606
	9607	9608	9609	9611	9614	9615
	9616	9617	9618	9619	9621	9622
	9623	9624	9625	9626	9627	9628
	9631	9632	9633	9634	9635	9636
	9637	9638	9639	9641	9642	9643
	9644	9645	9646	9647	9648	9649
	9651	9652	9653	9654	9655	9656
	9657	9658	9659	966	9671	9672
	9701	9702	9703	9704	9705	9711
	9712	9713	9714	9715	9716	9721
	9722	9723	9724	9725	9726	9729
	9731	9732	9733	9734	9735	9736
	9737	9738	9739	9741	9742	9743
	9749	9751	9752	9753	9754	9755
	9756	9759	9761	9762	9763	9764
	9765	9769	9771	9772	9773	9774
	9775	9779	9781	9782	9783	9784
	9785	9786	9787	9788	9789	9801
	9802	9803	9804	9805	9811	9812
	9813	9814	9815	9816	9817	9818
	9819	9820	9821	9822	9823	9824
	9825	9826	9827	9828	9829	9851
	9852	9859	9900	9901	9902	9903
	9904	9905	9906	9907	9908	9909
	9911	9912	9913	9914	9915	9916
	9917	9918	9919	9921	9922	9923
	9924	9925	9926	9927	9928	9929
	9931	9932	9933	9934	9935	9936
	9937	9938	9939	9941	9942	9943
	9944	9945	9946	9947	9948	9951
	9952	9953	9954	9955	9956	9957
	9958	9959	9960	9961	9962	9963
	9964	9969	9971	9972	9973	9974
	9979	9981	9982	9983	9984	9985
	9986	9988	9991	9992	9993	9994
	9995	9996	9997	9998	9999	

Type of Service	Procedure Code(s)
4	70010 - 79999 59020 59025

Type of Service	Procedure Code(s)
5	36415 80002 - 89399

Type of Service	Procedure Code(s)
7	00100 - 01999
	P0999 P4999 Q0059 Q0062 T9999 W7000 W7004 W7005 W7034 W7123 6100M

Type of Service	Procedure Code(s)
8	Type of service 8 is automatically assigned when Modifier 80 is used in claims processing. It will have the same procedure code range as type of service 2. Within that range, not all procedure codes can be billed with Modifier 80.

10000 - 69979 92995 - 93650
G0002 P0999 P4999 Q0059 Q0062 T9999 5951P

Type of Service	Procedure Code(s)
9	90801 90820 90825 - 90889
	8105A 8106A 8107A 8110A 8111A 8112A 8115A 8116A 8117A 8118A 8193A 8225A 8245A 8246A 8250A 8251A 8255A 8256A 8270A 8275A 8286A 8287A 8288A 8290A 8296A 8297A 8298A 8299A H5200 H5300 M0601

Type of Service	Procedure Code(s)
C	14000 - 69979
	A5051 L8641 M0050 M0051 M0052 M0053 V2632

Type of Service	Procedure Code(s)
D	Drug Claim Type

Type of Service	Procedure Code(s)
M	10000 - 99943

A0112	A4190	A4200	A4202	A4204	A4205
A4260	A4311	A4454	A4460	A4550	A4555
A4565	A4570	A4572	A4580	A4590	A4627
A4914	A9150	G0001	G0026	G0055	G0056
G0057	G0058	G0059	G0060	HCASE	J0110
J0120	J0130	J0140	J0150	J0160	J0170
J0180	J0190	J0200	J0205	J0210	J0220
J0230	J0240	J0250	J0255	J0256	J0260
J0270	J0280	J0290	J0295	J0300	J0310
J0320	J0330	J0340	J0350	J0360	J0370
J0380	J0390	J0400	J0410	J0420	J0430
J0440	J0450	J0460	J0470	J0475	J0480
J0490	J0500	J0510	J0515	J0520	J0530
J0540	J0550	J0560	J0570	J0580	J0585
J0590	J0600	J0610	J0620	J0630	J0640
J0650	J0660	J0670	J0680	J0690	J0695
J0696	J0697	J0698	J0700	J0702	J0704
J0710	J0715	J0720	J0725	J0730	J0740
J0743	J0745	J0750	J0760	J0770	J0780
J0790	J0800	J0810	J0820	J0830	J0835
J0840	J0850	J0860	J0870	J0880	J0890
J0900	J0910	J0920	J0930	J0940	J0945
J0950	J0960	J0970	J0980	J0990	J0995
J1000	J1010	J1020	J1030	J1040	J1050
J1055	J1060	J1070	J1080	J1090	J1100
J1110	J1120	J1130	J1140	J1150	J1155
J1160	J1165	J1170	J1180	J1190	J1200
J1205	J1210	J1212	J1220	J1230	J1240
J1245	J1250	J1260	J1270	J1280	J1290
J1300	J1310	J1320	J1330	J1340	J1350
J1360	J1362	J1364	J1370	J1380	J1390
J1400	J1405	J1410	J1420	J1430	J1435
J1436	J1440	J1450	J1455	J1460	J1470
J1480	J1490	J1500	J1510	J1520	J1530
J1540	J1550	J1560	J1561	J1562	J1570
J1580	J1590	J1600	J1610	J1620	J1625
J1630	J1631	J1640	J1642	J1644	J1650
J1660	J1670	J1680	J1690	J1700	J1710
J1720	J1730	J1739	J1740	J1741	J1750
J1760	J1770	J1780	J1790	J1800	J1810
J1820	J1830	J1840	J1850	J1860	J1870
J1880	J1885	J1890	J1900	J1910	J1920
J1930	J1940	J1950	J1960	J1970	J1980
J1990	J2000	J2010	J2020	J2030	J2040
J2050	J2060	J2070	J2080	J2090	J2100

Type of Service	Procedure Code(s)					
M	J2110	J2120	J2130	J2140	J2150	J2160
	J2170	J2175	J2180	J2190	J2200	J2210
	J2220	J2230	J2240	J2250	J2260	J2270
	J2280	J2290	J2300	J2310	J2320	J2321
	J2322	J2330	J2340	J2350	J2360	J2370
	J2380	J2390	J2400	J2405	J2410	J2420
	J2430	J2440	J2450	J2460	J2470	J2480
	J2490	J2495	J2500	J2510	J2515	J2520
	J2530	J2540	J2545	J2550	J2560	J2570
	J2580	J2590	J2595	J2600	J2610	J2620
	J2630	J2640	J2650	J2655	J2660	J2670
	J2672	J2675	J2680	J2690	J2700	J2710
	J2720	J2730	J2740	J2750	J2760	J2765
	J2770	J2780	J2790	J2800	J2810	J2820
	J2825	J2830	J2840	J2850	J2860	J2870
	J2880	J2890	J2900	J2910	J2912	J2914
	J2920	J2930	J2940	J2950	J2960	J2970
	J2975	J2980	J2990	J2995	J3000	J3010
	J3020	J3030	J3040	J3050	J3060	J3070
	J3080	J3090	J3100	J3105	J3110	J3120
	J3130	J3140	J3150	J3160	J3170	J3180
	J3190	J3200	J3210	J3220	J3230	J3240
	J3250	J3260	J3270	J3280	J3290	J3300
	J3301	J3302	J3303	J3310	J3320	J3330
	J3340	J3350	J3355	J3360	J3364	J3370
	J3380	J3390	J3400	J3410	J3420	J3430
	J3440	J3450	J3460	J3470	J3480	J3490
	J3500	J3510	J3520	J3530	J3540	J3550
	J3560	J3570	J6000	J6005	J6010	J6015
	J6020	J6025	J6030	J6035	J6040	J6045
	J6065	J7000	J7010	J7020	J7030	J7040
	J7042	J7050	J7060	J7070	J7080	J7090
	J7100	J7110	J7120	J7130	J7140	J7150
	J7160	J7170	J7180	J7190	J7191	J7194
	J7195	J7196	J7300	J7310	J7320	J7330
	J7340	J7350	J7500	J7501	J7502	J7503
	J7504	J7505	J7506	J7645	J8499	J9000
	J9010	J9020	J9030	J9031	J9040	J9045
	J9050	J9060	J9062	J9070	J9080	J9090
	J9091	J9092	J9093	J9094	J9095	J9096
	J9097	J9100	J9110	J9120	J9130	J9140
	J9150	J9160	J9162	J9165	J9170	J9180
	J9181	J9182	J9185	J9190	J9200	J9202
	J9208	J9209	J9210	J9212	J9217	J9218
	J9220	J9230	J9240	J9250	J9260	J9270
	J9280	J9290	J9291	J9293	J9295	J9300
	J9310	J9320	J9330	J9340	J9350	J9360
	J9370	J9375	J9380	J9381	J9999	K0140
	K0141	K0142	K0143	K0144	K0145	K0146
	L0120	L1800	L1825	L4350	M0064	P6120
	P7000	P7001	Q0100	Q0111	Q0113	Q0114

Type of Service	Procedure Code(s)					
M	Q0115	Q0116	Q0124	Q0126	Q0137	Q0138
	Q9920	Q9921	Q9922	Q9923	Q9924	Q9925
	Q9926	Q9927	Q9928	Q9929	Q9930	Q9931
	Q9932	Q9933	Q9934	Q9935	Q9936	Q9937
	Q9938	Q9939	Q9940	X0177	X1290	X1440
	X1441	Y8172	Y8224	Y8246	Y8257	Y8323
	Y8350	Y8459	0077C	0078C	0079C	0080C
	0081C	0085C	0090C	0095C	0096C	0100J
	0110M	1797M	5940P	5942P	7999E	8018E
	8622E	8681E	8936E	9000E	9001E	9002E
	9003E	9004E	9006E	9011E	9013E	9014E
	9019E	9025E	9320E	9381E	9382E	9383E
	9384E	9385E	9391E	9392E	9393E	9394E
	9395E	9401E	9402E	9403E	9404E	9910M
	9913M	9999E				

Type of Service	Procedure Code(s)
O	Any CPT procedure codes that don't fall in any type of service will have the type of service O along with these HCPC codes.

A0010	A0020	A0021	A0023	A0030	A0040
A0050	A0060	A0070	A0080	A0090	A0100
A0110	A0120	A0130	A0140	A0150	A0160
A0170	A0180	A0190	A0200	A0210	A0215
A0220	A0221	A0222	A0223	A0225	A0320
A0330	A0360	A0362	A0366	A0370	A0380
A0382	A0390	A0392	A0394	A0396	A0420
A0422	A0424	A0999	A1338	A2000	A4035
A4036	A4190	A4200	A4202	A4203	A4204
A4205	A4206	A4207	A4208	A4209	A4210
A4211	A4212	A4213	A4214	A4215	A4216
A4244	A4245	A4246	A4247	A4250	A4252
A4253	A4254	A4255	A4256	A4259	A4260
A4263	A4265	A4300	A4305	A4306	A4310
A4311	A4312	A4313	A4314	A4315	A4316
A4320	A4322	A4323	A4326	A4327	A4328
A4329	A4330	A4335	A4338	A4340	A4341
A4342	A4343	A4344	A4345	A4346	A4347
A4348	A4349	A4350	A4351	A4352	A4353
A4354	A4355	A4356	A4357	A4358	A4359
A4360	A4361	A4362	A4363	A4364	A4365
A4366	A4367	A4368	A4369	A4370	A4375
A4380	A4388	A4390	A4397	A4398	A4399
A4400	A4402	A4404	A4410	A4420	A4421
A4430	A4440	A4450	A4453	A4454	A4455
A4457	A4460	A4465	A4470	A4480	A4490
A4495	A4500	A4510	A4550	A4554	A4555
A4556	A4557	A4558	A4560	A4565	A4570
A4572	A4580	A4581	A4590	A4591	A4599
A4600	A4610	A4611	A4612	A4613	A4615

Type of Service	Procedure Code(s)					
O	A4616	A4617	A4618	A4619	A4620	A4621
	A4622	A4623	A4624	A4625	A4626	A4627
	A4630	A4631	A4635	A4636	A4637	A4640
	A4641	A4644	A4645	A4646	A4647	A4648
	A4649	A4650	A4655	A4660	A4663	A4670
	A4680	A4690	A4700	A4705	A4710	A4712
	A4714	A4720	A4730	A4735	A4740	A4750
	A4755	A4760	A4765	A4770	A4771	A4772
	A4773	A4774	A4780	A4790	A4800	A4810
	A4820	A4830	A4840	A4850	A4860	A4870
	A4880	A4890	A4900	A4901	A4905	A4910
	A4912	A4913	A4914	A4918	A4919	A4920
	A4921	A4927	A5051	A5052	A5053	A5054
	A5055	A5061	A5062	A5063	A5064	A5065
	A5071	A5072	A5073	A5074	A5075	A5081
	A5082	A5093	A5102	A5105	A5112	A5113
	A5114	A5119	A5121	A5122	A5123	A5126
	A5131	A5149	A5500	A5501	A5502	A5503
	A5504	A5505	A5506	A5507	A9040	A9140
	A9150	A9170	A9190	A9195	A9200	A9210
	A9220	B0776	B0778	B4000	B4003	B4010
	B4034	B4035	B4036	B4081	B4082	B4083
	B4084	B4096	B4099	B4150	B4151	B4152
	B4153	B4154	B4155	B4156	B4157	B4159
	B4161	B4164	B4168	B4172	B4176	B4178
	B4180	B4182	B4184	B4186	B4188	B4189
	B4192	B4193	B4196	B4197	B4198	B4199
	B4200	B4216	B4220	B4222	B4224	B4239
	B4240	B4242	B4251	B4514	B5000	B5100
	B5200	B9000	B9002	B9004	B9006	B9998
	B9999	D0330	D4081	D5110	D5120	D5130
	D5140	D5410	D5411	D5421	D5422	D5510
	D5520	D5610	D5620	D5630	D5640	D5650
	D5660	D5730	D5731	D5740	D5741	D5750
	D5751	D5760	D5761	E0100	E0105	E0110
	E0111	E0112	E0113	E0114	E0115	E0116
	E0120	E0130	E0135	E0136	E0140	E0141
	E0142	E0143	E0145	E0146	E0147	E0150
	E0151	E0152	E0153	E0154	E0155	E0156
	E0157	E0158	E0160	E0161	E0162	E0163
	E0164	E0165	E0166	E0167	E0168	E0169
	E0170	E0174	E0175	E0176	E0177	E0178
	E0179	E0180	E0181	E0182	E0183	E0184
	E0185	E0186	E0187	E0188	E0189	E0190
	E0191	E0192	E0193	E0194	E0195	E0196
	E0197	E0198	E0199	E0200	E0202	E0205
	E0210	E0215	E0220	E0225	E0230	E0235
	E0236	E0237	E0238	E0239	E0241	E0242
	E0243	E0244	E0245	E0246	E0249	E0250
	E0251	E0252	E0255	E0256	E0260	E0261
	E0265	E0266	E0270	E0271	E0272	E0273

Type of Service	Procedure Code(s)					
O	E0274	E0275	E0276	E0277	E0280	E0290
	E0291	E0292	E0293	E0294	E0295	E0296
	E0297	E0300	E0305	E0310	E0315	E0320
	E0324	E0325	E0326	E0330	E0400	E0405
	E0410	E0415	E0416	E0420	E0424	E0425
	E0430	E0431	E0434	E0435	E0439	E0440
	E0441	E0442	E0443	E0444	E0445	E0450
	E0451	E0452	E0453	E0455	E0456	E0457
	E0459	E0460	E0461	E0462	E0480	E0500
	E0505	E0510	E0515	E0550	E0555	E0560
	E0565	E0570	E0575	E0580	E0585	E0600
	E0601	E0605	E0606	E0607	E0608	E0609
	E0610	E0615	E0620	E0621	E0625	E0627
	E0628	E0629	E0630	E0635	E0650	E0651
	E0652	E0655	E0660	E0665	E0666	E0667
	E0668	E0674	E0690	E0700	E0710	E0720
	E0730	E0731	E0740	E0744	E0745	E0746
	E0747	E0749	E0750	E0755	E0776	E0777
	E0778	E0779	E0780	E0781	E0782	E0790
	E0791	E0840	E0850	E0860	E0870	E0880
	E0890	E0900	E0910	E0920	E0925	E0930
	E0935	E0940	E0941	E0942	E0943	E0944
	E0945	E0946	E0947	E0948	E0950	E0951
	E0952	E0953	E0954	E0958	E0959	E0961
	E0962	E0963	E0964	E0965	E0966	E0967
	E0968	E0969	E0970	E0971	E0972	E0973
	E0974	E0975	E0976	E0977	E0978	E0979
	E0980	E0990	E0991	E0992	E0993	E0994
	E0995	E0996	E0997	E0998	E0999	E1000
	E1001	E1005	E1010	E1020	E1030	E1031
	E1035	E1036	E1040	E1050	E1060	E1065
	E1066	E1067	E1068	E1069	E1070	E1080
	E1081	E1082	E1083	E1084	E1085	E1086
	E1087	E1088	E1089	E1090	E1091	E1092
	E1093	E1100	E1110	E1120	E1130	E1140
	E1150	E1160	E1170	E1171	E1172	E1180
	E1190	E1195	E1200	E1210	E1211	E1212
	E1213	E1220	E1221	E1222	E1223	E1224
	E1225	E1226	E1227	E1228	E1230	E1240
	E1250	E1260	E1270	E1280	E1285	E1290
	E1295	E1296	E1297	E1298	E1299	E1300
	E1310	E1340	E1350	E1351	E1352	E1353
	E1354	E1355	E1356	E1357	E1360	E1370
	E1371	E1372	E1373	E1374	E1375	E1376
	E1377	E1378	E1379	E1380	E1381	E1382
	E1383	E1384	E1385	E1388	E1389	E1390
	E1391	E1392	E1393	E1394	E1395	E1396
	E1397	E1399	E1400	E1401	E1402	E1403
	E1404	E1405	E1406	E1500	E1510	E1520
	E1530	E1540	E1550	E1560	E1570	E1575
	E1580	E1590	E1592	E1594	E1600	E1610

Type of Service	Procedure Code(s)					
O	E1615	E1620	E1625	E1630	E1632	E1635
	E1636	E1640	E1699	F0600	G0008	G0016
	G0025	HCASE	H2002	H5000	H5010	H5020
	H5025	H5030	H5040	H5050	H5060	H5070
	H5080	H5090	H5100	H5110	H5120	H5130
	H5140	H5150	H5160	H5170	H5180	H5190
		H5210	H5220	H5230	H5240	H5299
		J0170	J0330	J0360	J0380	J0460
	J0610	J0635	J0694	J0745	J0895	J1055
	J1160	J1165	J1170	J1200	J1630	J1640
	J1720	J1790	J1800	J1810	J1820	J1940
	J2000	J2150	J2175	J2180	J2270	J2515
	J2560	J2590	J2690	J2912	J2930	J3105
	J3360	J3365	J3410	J3490	J3560	J7030
	J7040	J7042	J7050	J7060	J7070	J7120
	J7190	J7194	J7196	J7197	J7300	J7507
	J7508	J7610	J7615	J7620	J7625	J7627
	J7630	J7640	J7645	J7650	J7651	J7652
	J7653	J7654	J7655	J7660	J7665	J7670
	J7672	J7675	J7699	J7799	J8499	J8530
	J8560	J8600	J8610	J8999	J9000	J9040
	J9100	J9190	J9200	J9360	J9370	K0001
	K0002	K0003	K0004	K0005	K0006	K0007
	K0008	K0009	K0010	K0011	K0012	K0013
	K0014	K0015	K0016	K0017	K0018	K0019
	K0020	K0021	K0022	K0023	K0024	K0025
	K0026	K0027	K0028	K0029	K0030	K0031
	K0032	K0033	K0034	K0035	K0036	K0037
	K0038	K0039	K0040	K0041	K0042	K0043
	K0044	K0045	K0046	K0047	K0048	K0049
	K0050	K0051	K0052	K0053	K0054	K0055
	K0056	K0057	K0058	K0059	K0060	K0061
	K0062	K0063	K0064	K0065	K0066	K0067
	K0068	K0069	K0070	K0071	K0072	K0073
	K0074	K0075	K0076	K0077	K0078	K0079
	K0080	K0081	K0082	K0083	K0084	K0085
	K0086	K0087	K0088	K0089	K0090	K0091
	K0092	K0093	K0094	K0095	K0096	K0097
	K0098	K0099	K0100	K0101	K0102	K0103
	K0104	K0105	K0106	K0107	K0108	K0109
	K0110	K0111	K0112	K0113	K0114	K0115
	K0116	K0117	K0118	K0119	K0121	K0125
	K0126	K0127	K0128	K0129	K0130	K0131
	K0132	K0133	K0134	K0135	K0136	K0137
	K0138	K0139	K0140	K0141	K0142	K0143
	K0144	K0145	K0146	K0147	K0148	K0149
	K0150	K0151	K0152	K0153	K0154	K0155
	K0156	K0157	K0158	K0159	K0160	K0161
	K0163	K0164	K0165	K0167	K0168	K0169
	K0170	K0171	K0172	K0173	K0174	K0175
	K0176	K0177	K0178	K0179	K0180	K0181

Type of Service	Procedure Code(s)					
O	K0182	K0183	K0184	K0185	K0186	K0187
	K0188	K0189	K0190	K0191	K0192	K0195
	K0196	K0197	K0198	K0199	K0203	K0204
	K0205	K0206	K0207	K0208	K0209	K0210
	K0211	K0212	K0213	K0214	K0215	K0216
	K0217	K0218	K0219	K0220	K0221	K0222
	K0223	K0224	K0228	K0229	K0230	K0234
	K0235	K0236	K0237	K0238	K0239	K0240
	K0241	K0242	K0243	K0244	K0245	K0246
	K0247	K0248	K0249	K0250	K0251	K0252
	K0253	K0254	K0255	K0256	K0257	K0258
	K0259	K0260	K0261	K0262	K0263	K0264
	K0265	K0267	K0268	K0278	K0280	K0281
	K0285	K0400	K0407	K0408	K0410	K0411
	K1039	L0100	L0110	L0120	L0130	L0140
	L0150	L0160	L0170	L0172	L0174	L0180
	L0190	L0200	L0210	L0220	L0300	L0310
	L0315	L0317	L0320	L0330	L0340	L0350
	L0360	L0370	L0380	L0390	L0400	L0410
	L0420	L0430	L0440	L0500	L0510	L0515
	L0520	L0530	L0540	L0550	L0560	L0565
	L0600	L0610	L0620	L0700	L0710	L0810
	L0820	L0830	L0860	L0900	L0910	L0920
	L0930	L0940	L0950	L0960	L0970	L0972
	L0974	L0976	L0978	L0980	L0982	L0984
	L1000	L1010	L1020	L1025	L1030	L1040
	L1050	L1060	L1070	L1080	L1085	L1090
	L1100	L1110	L1120	L1200	L1210	L1220
	L1230	L1240	L1250	L1260	L1270	L1280
	L1290	L1300	L1310	L1499	L1500	L1510
	L1520	L1600	L1610	L1620	L1630	L1640
	L1650	L1660	L1670	L1680	L1685	L1686
	L1700	L1710	L1720	L1730	L1750	L1755
	L1800	L1810	L1815	L1820	L1825	L1830
	L1832	L1834	L1840	L1844	L1845	L1846
	L1850	L1855	L1858	L1860	L1870	L1880
	L1900	L1902	L1904	L1906	L1910	L1920
	L1930	L1940	L1945	L1950	L1960	L1970
	L1980	L1990	L2000	L2010	L2020	L2030
	L2036	L2037	L2038	L2040	L2050	L2060
	L2070	L2080	L2090	L2102	L2104	L2106
	L2108	L2112	L2114	L2116	L2122	L2124
	L2126	L2128	L2132	L2134	L2136	L2180
	L2182	L2184	L2186	L2188	L2190	L2192
	L2200	L2210	L2220	L2230	L2240	L2250
	L2260	L2265	L2270	L2275	L2280	L2290
	L2300	L2310	L2320	L2330	L2335	L2340
	L2350	L2360	L2370	L2375	L2380	L2385
	L2390	L2395	L2397	L2400	L2405	L2415
	L2425	L2430	L2435	L2475	L2492	L2500
	L2510	L2520	L2525	L2526	L2530	L2540

Type of Service	Procedure Code(s)					
O	L2550	L2570	L2580	L2600	L2610	L2620
	L2622	L2624	L2626	L2627	L2628	L2630
	L2640	L2650	L2660	L2670	L2680	L2750
	L2760	L2770	L2780	L2785	L2795	L2800
	L2810	L2820	L2830	L2840	L2850	L2999
	L3000	L3001	L3002	L3003	L3010	L3020
	L3030	L3040	L3050	L3060	L3070	L3080
	L3090	L3100	L3140	L3150	L3170	L3201
	L3202	L3203	L3204	L3206	L3207	L3208
	L3209	L3211	L3212	L3213	L3214	L3215
	L3216	L3217	L3218	L3219	L3221	L3222
	L3223	L3224	L3230	L3250	L3251	L3252
	L3253	L3254	L3255	L3257	L3260	L3265
	L3300	L3310	L3320	L3330	L3332	L3334
	L3340	L3350	L3360	L3370	L3380	L3390
	L3400	L3410	L3420	L3430	L3440	L3450
	L3455	L3460	L3465	L3470	L3480	L3485
	L3500	L3510	L3520	L3530	L3540	L3550
	L3560	L3570	L3580	L3590	L3595	L3600
	L3610	L3620	L3630	L3640	L3649	L3650
	L3660	L3670	L3700	L3710	L3720	L3730
	L3740	L3800	L3805	L3810	L3815	L3820
	L3825	L3830	L3835	L3840	L3845	L3850
	L3855	L3860	L3900	L3901	L3902	L3904
	L3906	L3907	L3908	L3910	L3912	L3914
	L3916	L3918	L3920	L3922	L3924	L3926
	L3928	L3930	L3932	L3934	L3936	L3938
	L3940	L3942	L3944	L3946	L3948	L3950
	L3952	L3954	L3960	L3962	L3963	L3964
	L3965	L3966	L3968	L3969	L3970	L3972
	L3974	L3980	L3982	L3984	L3985	L3986
	L3995	L3999	L4000	L4010	L4020	L4030
	L4040	L4045	L4050	L4055	L4060	L4070
	L4080	L4090	L4100	L4110	L4130	L4200
	L4210	L4310	L4320	L4350	L4360	L4370
	L4380	L5000	L5010	L5020	L5050	L5060
	L5100	L5105	L5110	L5150	L5160	L5200
	L5210	L5220	L5230	L5250	L5270	L5280
	L5300	L5310	L5320	L5330	L5340	L5400
	L5410	L5420	L5430	L5450	L5460	L5500
	L5505	L5510	L5520	L5530	L5535	L5540
	L5560	L5570	L5580	L5585	L5590	L5595
	L5600	L5610	L5611	L5613	L5614	L5616
	L5618	L5620	L5622	L5624	L5626	L5628
	L5629	L5630	L5631	L5632	L5634	L5636
	L5637	L5638	L5639	L5640	L5642	L5643
	L5644	L5645	L5646	L5647	L5648	L5649
	L5650	L5651	L5652	L5653	L5654	L5655
	L5656	L5658	L5660	L5661	L5662	L5663
	L5664	L5665	L5666	L5667	L5668	L5669
	L5670	L5672	L5674	L5675	L5676	L5677

Type of Service	Procedure Code(s)					
O	L5678	L5680	L5682	L5684	L5686	L5688
	L5690	L5692	L5694	L5695	L5696	L5697
	L5698	L5699	L5700	L5701	L5702	L5703
	L5704	L5705	L5706	L5707	L5709	L5710
	L5711	L5712	L5714	L5716	L5718	L5722
	L5724	L5726	L5728	L5780	L5785	L5790
	L5795	L5810	L5811	L5812	L5814	L5816
	L5818	L5822	L5824	L5828	L5830	L5840
	L5850	L5855	L5910	L5920	L5925	L5940
	L5950	L5960	L5962	L5964	L5966	L5970
	L5972	L5974	L5976	L5978	L5979	L5980
	L5981	L5982	L5984	L5986	L5999	L6000
	L6010	L6020	L6050	L6055	L6100	L6110
	L6120	L6130	L6200	L6205	L6250	L6300
	L6310	L6320	L6350	L6360	L6370	L6380
	L6382	L6384	L6386	L6388	L6400	L6450
	L6500	L6550	L6570	L6580	L6582	L6584
	L6586	L6588	L6590	L6600	L6605	L6610
	L6615	L6616	L6620	L6623	L6625	L6628
	L6629	L6630	L6632	L6635	L6637	L6640
	L6641	L6642	L6645	L6650	L6655	L6660
	L6665	L6670	L6672	L6675	L6676	L6680
	L6682	L6684	L6686	L6687	L6688	L6689
	L6690	L6691	L6692	L6700	L6705	L6710
	L6715	L6720	L6725	L6730	L6735	L6740
	L6745	L6750	L6755	L6765	L6770	L6775
	L6780	L6790	L6795	L6800	L6805	L6806
	L6807	L6808	L6809	L6810	L6825	L6830
	L6835	L6840	L6845	L6850	L6855	L6860
	L6865	L6867	L6868	L6870	L6872	L6873
	L6875	L6880	L6890	L6895	L6900	L6905
	L6910	L6915	L6920	L6925	L6930	L6935
	L6940	L6945	L6950	L6955	L6960	L6965
	L6970	L6975	L7010	L7015	L7020	L7025
	L7030	L7035	L7040	L7045	L7160	L7165
	L7170	L7180	L7185	L7186	L7190	L7191
	L7260	L7261	L7266	L7272	L7274	L7360
	L7362	L7364	L7366	L7499	L7500	L7510
	L8000	L8010	L8020	L8021	L8030	L8100
	L8110	L8120	L8130	L8140	L8150	L8160
	L8170	L8180	L8190	L8200	L8210	L8220
	L8230	L8300	L8310	L8320	L8330	L8400
	L8410	L8415	L8420	L8430	L8435	L8440
	L8460	L8465	L8470	L8480	L8485	L8490
	L8499	L8500	L8501	L8641	L9999	M0007
	M0008	M0064	M0592	M0600		M0605
	M0610	M0620	M0625	N4084	P0999	P4999
	P9019	P9021	Q0036	Q0038	Q0039	Q0040
	Q0042	Q0043	Q0046	Q0060	Q0069	Q0079
	Q0100	Q0103	Q0106	Q0107	Q0117	Q0118
	Q0119	Q0122	Q0123	Q0132	Q0133	Q0135

Type of Service	Procedure Code(s)					
O	Q6105	Q9920	Q9921	Q9922	Q9923	Q9924
	Q9925	Q9926	Q9927	Q9928	Q9929	Q9930
	Q9931	Q9932	Q9933	Q9934	Q9935	Q9936
	Q9937	Q9938	Q9939	Q9940	T9999	V0105
	V0110	V0120	V0122	V0130	V0131	V0132
	V0140	V0150	V0160	V0170	V0180	V0190
	V0200	V0210	V0220	V0230	V0240	V0250
	V0260	V0270	V0280	V0290	V0300	V0310
	V0320	V0330	V0340	V0350	V0360	V0370
	V0380	V0390	V0400	V0410	V0420	V0430
	V0440	V0450	V0460	V0470	V0480	V0490
	V0500	V0510	V0520	V0530	V0540	V0550
	V0560	V0570	V0580	V0590	V0600	V0610
	V0620	V0630	V0640	V0650	V0660	V0670
	V0680	V0690	V0700	V0710	V0720	V0730
	V0799	V1000	V1005	V1010	V1015	V1020
	V1023	V1025	V1035	V1040	V1045	V1050
	V1055	V1060	V1065	V1070	V1075	V1080
	V1085	V1090	V1095	V1100	V1105	V1110
	V1115	V1120	V1125	V1130	V1135	V1140
	V1145	V1150	V1155	V1160	V1165	V1170
	V1175	V1180	V1185	V1190	V1195	V1200
	V1205	V1210	V1215	V1220	V1225	V1230
	V1235	V1240	V1245	V1250	V1255	V1260
	V1265	V1270	V1275	V1280	V1285	V1290
	V1295	V1300	V1305	V1310	V1315	V1320
	V1325	V1330	V1335	V1340	V1345	V1350
	V1355	V1357	V1360	V1365	V1370	V1375
	V1380	V1385	V1390	V1395	V1400	V1405
	V1410	V1415	V1420	V1425	V1430	V1435
	V1440	V1445	V1450	V1455	V1460	V1465
	V1470	V1475	V1480	V1485	V1490	V1495
	V1500	V1505	V1510	V1515	V1520	V1525
	V1530	V1535	V1540	V1545	V1550	V1555
	V1560	V1565	V1570	V1575	V1580	V1585
	V1590	V1599	V2020	V2025	V2030	V2035
	V2039	V2100	V2101	V2102	V2103	V2104
	V2105	V2106	V2107	V2108	V2109	V2110
	V2111	V2112	V2113	V2114	V2115	V2116
	V2117	V2118	V2199	V2200	V2201	V2202
	V2203	V2204	V2205	V2206	V2207	V2208
	V2209	V2210	V2211	V2212	V2213	V2214
	V2215	V2216	V2217	V2218	V2219	V2220
	V2299	V2300	V2301	V2302	V2303	V2304
	V2305	V2306	V2307	V2308	V2309	V2310
	V2311	V2312	V2313	V2314	V2315	V2316
	V2317	V2318	V2319	V2320	V2399	V2410
	V2430	V2499	V2500	V2501	V2502	V2503
	V2510	V2511	V2512	V2513	V2520	V2521
	V2522	V2523	V2530	V2599	V2600	V2610
	V2615	V2620	V2621	V2622	V2623	V2624

Type of Service	Procedure Code(s)					
O	V2625	V2626	V2627	V2628	V2629	V2630
	V2631	V2632	V2700	V2710	V2715	V2718
	V2730	V2740	V2741	V2742	V2743	V2744
	V2750	V2755	V2760	V2770	V2780	V2799
	V5000	V5010	V5011	V5014	V5020	V5030
	V5040	V5050	V5060	V5070	V5080	V5090
	V5100	V5110	V5120	V5130	V5140	V5150
	V5160	V5170	V5180	V5190	V5200	V5210
	V5220	V5230	V5240	V5299	W0400	W0610
	W2591	W2640	W5050	W5790	W6105	W9077
	W9078	XX001	XX002	XX003	XX004	XX005
	XX006	XX007	XX008	XX010	XX011	XX014
	XX033	XX037	XX049	XX058	XX069	X0920
	X1940	X5100	X5140	X5141	X5160	X5201
	X5360	X9706	X9707	X9715	X9801	X9804
	X9850	X9916	YY001	YY002	YY003	YY004
	YY005	YY006	Y1834	Y4100	Y4310	Y4317
	Y5283	Y6488	ZZ001	ZZ002	ZZ007	Z0051
	Z0053	Z4051	Z4205	Z4206	Z4285	Z4300
	Z4335	Z4361	Z4362	Z4420	Z4620	Z4801
	Z6006	Z6209	Z6346	Z7352	Z9501	0001A
	0002A	0004A	0005A	0006A	0023A	0063A
	0064A	0067A	0068A	0069A	0070A	0071A
	0074A	0075A	0077C	0078C	0079C	0080B
	0080C	0081C	0085C	0090A	0090C	0091A
	0092A	0093A	0094A	0095A	0095C	0096A
	0096C	0100B	0100J	0100M	0105A	0106A
	0110B	0110M	0111A	0120B	0130B	0140A
	0140B	0150B	0160B	0170B	0180B	0185B
	0186B	0190B	0192E	0200B	0210B	0215A
	0220B	0225B	0230B	0240B	0250B	0260B
	0270B	0280B	0280J	0281J	0282J	0283J
	0284J	0285J	0286J	0287J	0288J	0289J
	0290B	0300B	0310B	0320B	0400C	0500P
	0501P	0502P	0503P	0504P	0505P	0506P
	0507P	0508P	0509P	0510P	0511P	0512P
	0515D	0515P	0516P	0527P	0528P	0529P
	0530P	0531P	0540P	0541P	0542P	0543P
	0571B	0572B	0574B	0580B	0581B	0582B
	0583B	0584B	0600B	0601B	0640P	0641P
	0642P	0643P	0681B	0701B	0702V	0705A
	0706A	0713V	0714V	0719V	0740P	0741P
	0742P	0743P	0800W	0802W	0804W	0805W
	0806W	0807W	0808W	0809W	0810W	0812W
	0814W	0816W	0819R	0831R	0851P	0876H
	0877H	0878H	0879H	0880H	0881H	0882H
	0900B	0900F	0900R	0901F	0901R	0902B
	0902F	0902R	0903R	0904R	0905R	0906F
	0906R	0907F	0907R	0908R	0909B	0909F
	0909R	0910B	0910F	0910R	0911B	0911F
	0912F	0913F	0913R	0914F	0914R	0915F

Type of Service	Procedure Code(s)					
O	0916B	0917B	0917F	0917R	0918B	0918R
	0919R	0920R	0921R	0922R	0923R	0924R
	0925R	0926R	0927R	0928F	0928R	0929R
	0930R	0938F	0938R	0939F	0940F	0949F
	0958F	0975R	0976R	0977R	0978F	0978R
	0979F	0979R	0980F	0980R	0981R	0982R
	0983R	0984R	0985R	0986R	0987R	0988R
	0989F	0990F	0991F	0992F	0993F	0994F
	0995F	1E074	1111P	1599V	2021V	2022V
	2025V	2026V	2040V	2047V	3579V	3600V
	4085B	4086B	5000H	5002H	5003H	5005H
	5006H	5200S	5300S	5400S	5987M	5988M
	5989M	5999I	6000S	6100M	6580I	6605S
	6609S	6617S	6618S	6627S	6628S	6629S
	6666S	6759S	6760S	6761S	6762S	6763S
	6764S	6765S	6766S	6767S	6768S	6769S
	6770S	6771S	6772S	6773S	6774R	6775S
	6776S	6777S	6778S	6779R	6780R	6781R
	6782R	6783R	6784R	6785R	7999E	8018E
	8101A	8102A	8103A	8104A		
		8108A	8109A			
	8113A	8114A				
	8120A	8130A	8140A	8191A	8192A	
	8194A	8195A	8196A	8197A	8198A	8218A
		8230A	8235A			
		8252A	8253A	8254A		
	8257A	8258A	8259A	8260A	8265A	8268A
			8280A			
						8300A
	8400S	8401S	8402S	8403S	8404S	8405S
	8406S	8410S	8500S	8501S	8502S	8503S
	8504S	8505S	8506S	8510S	8511S	8512S
	8513S	8514S	8515S	8516S	8600S	8622E
	8681E	8700S	8701S	8710S	8711S	8712S
	8713S	8936E	9000E	9001E	9002E	9003E
	9004E	9005E	9006E	9007E	9008E	9009E
	9010E	9011E	9012E	9013E	9014E	9015E
	9016E	9017E	9018E	9019E	9020E	9021E
	9025E	9040E	9041E	9050E	9051E	9060E
	9060M	9061E	9062E	9064M	9070E	9071E
	9080M	9320E	9361P	9362P	9381E	9382E
	9383E	9384E	9385E	9390F	9391E	9392E
	9393E	9394E	9395E	9395F	9396F	9397F
	9401E	9402E	9403E	9404E	9440T	9441T
	9442T	9444T	9445T	9446T	9447T	9448T
	9449T	9450T	9501T	9502E	9502T	9503T
	9504T	9640M	9770T	9771T	9772T	9910M
	9913M	9999E	X9850			

Type of
Service

Revenue Code(s)

Q Accommodation Revenue Codes: 100 - 219 and are billed on Inpatient, Nursing Home, and Hospice claim types.

Type of
Service

Revenue Code(s)

S Ancillary-Outpatient Revenue Codes: 070 - 076 220 - 998 and are billed on, Outpatient and Home Health claim types.

Type of
Service

Revenue Code(s)

T Ancillary-Inpatient Revenue Codes: 070 - 076 220 - 998 and are billed on Inpatient, Hospice, and Nursing Home claim types.

Type of
Service

Procedure Code(s)

Z	A7946	D0110	D0120	D0130	D0140	D0150
	D0160	D0210	D0220	D0230	D0240	D0250
	D0260	D0270	D0272	D0273	D0274	D0275
	D0290	D0310	D0320	D0321	D0322	D0330
	D0340	D0390	D0401	D0402	D0403	D0404
	D0410	D0415	D0420	D0425	D0450	D0460
	D0470	D0471	D0501	D0502	D0999	D1110
	D1120	D1201	D1202	D1203	D1204	D1205
	D1210	D1211	D1220	D1221	D1230	D1231
	D1310	D1330	D1340	D1350	D1351	D1510
	D1515	D1520	D1525	D1550	D2110	D2120
	D2130	D2131	D2140	D2150	D2160	D2161
	D2190	D2210	D2310	D2330	D2331	D2332
	D2334	D2335	D2336	D2340	D2380	D2381
	D2382	D2385	D2386	D2387	D2410	D2420
	D2430	D2499	D2510	D2520	D2530	D2540
	D2610	D2620	D2630	D2640	D2650	D2651
	D2652	D2660	D2710	D2711	D2720	D2721
	D2722	D2740	D2750	D2751	D2752	D2790
	D2791	D2792	D2810	D2830	D2840	D2891
	D2933	D2940	D2950	D2951	D2952	D2953
	D2954	D2955	D2960	D2961	D2962	D2970
	D2980	D2999	D3110	D3120	D3220	D3310
	D3320	D3321	D3330	D3331	D3340	D3346
	D3347	D3348	D3350	D3351	D3352	D3353
	D3410	D3420	D3421	D3425	D3426	D3430
	D3440	D3450	D3460	D3470	D3910	D3920
	D3940	D3950	D3960	D3999	D4210	D4211
	D4220	D4240	D4249	D4250	D4260	D4261
	D4262	D4268	D4270	D4271	D4272	D4280
	D4320	D4321	D4330	D4331	D4340	D4341
	D4345	D4350	D4355	D4360	D4365	D4370
	D4500	D4600	D4700	D4800	D4910	D4920
	D4999	D5000	D5110	D5120	D5130	D5140
	D5211	D5212	D5213	D5214	D5215	D5216

Type of Service	Procedure Code(s)					
Z	D5217	D5218	D5230	D5231	D5240	D5241
	D5251	D5260	D5280	D5281	D5291	D5292
	D5293	D5294	D5310	D5320	D5410	D5411
	D5421	D5422	D5510	D5520	D5610	D5620
	D5630	D5640	D5650	D5660	D5670	D5680
	D5690	D5699	D5710	D5711	D5720	D5721
	D5730	D5731	D5740	D5741	D5750	D5751
	D5760	D5761	D5810	D5811	D5820	D5821
	D5830	D5840	D5850	D5851	D5860	D5861
	D5862	D5899	D5911	D5912	D5913	D5914
	D5915	D5916	D5919	D5922	D5923	D5924
	D5925	D5926	D5927	D5928	D5929	D5931
	D5932	D5933	D5934	D5935	D5936	D5937
	D5951	D5952	D5953	D5954	D5955	D5956
	D5958	D5959	D5960	D5982	D5983	D5984
	D5985	D5986	D5987	D5988	D5999	D6030
	D6040	D6050	D6055	D6080	D6090	D6100
	D6199	D6210	D6211	D6212	D6220	D6230
	D6235	D6240	D6241	D6242	D6250	D6251
	D6252	D6520	D6530	D6540	D6545	D6720
	D6721	D6722	D6740	D6750	D6751	D6752
	D6780	D6790	D6791	D6792	D6930	D6940
	D6950	D6970	D6971	D6972	D6973	D6975
	D6980	D6999	D7110	D7120	D7130	D7210
	D7220	D7230	D7240	D7241	D7250	D7260
	D7270	D7271	D7272	D7280	D7281	D7285
	D7286	D7290	D7291	D7310	D7320	D7340
	D7350	D7410	D7420	D7425	D7430	D7431
	D7440	D7441	D7450	D7451	D7460	D7461
	D7465	D7470	D7480	D7490	D7510	D7520
	D7530	D7540	D7550	D7560	D7610	D7620
	D7630	D7640	D7650	D7660	D7670	D7680
	D7710	D7720	D7730	D7740	D7750	D7760
	D7770	D7780	D7810	D7820	D7830	D7840
	D7850	D7852	D7854	D7856	D7858	D7860
	D7865	D7870	D7872	D7873	D7874	D7875
	D7876	D7877	D7880	D7899	D7910	D7911
	D7912	D7920	D7930	D7931	D7940	D7941
	D7942	D7943	D7944	D7945	D7946	D7947
	D7948	D7949	D7950	D7955	D7960	D7970
	D7971	D7980	D7981	D7982	D7983	D7990
	D7991	D7993	D7994	D7999	D8010	D8020
	D8030	D8040	D8050	D8060	D8070	D8080
	D8090	D8110	D8120	D8200	D8210	D8220
	D8350	D8360	D8370	D8460	D8470	D8480
	D8560	D8570	D8580	D8650	D8670	D8680
	D8750	D8999	D9110	D9210	D9211	D9212
	D9215	D9220	D9221	D9230	D9240	D9310
	D9410	D9420	D9430	D9440	D9610	D9630
	D9910	D9920	D9930	D9940	D9941	D9950
	D9951	D9952	D9999	0515D	1E074	2890D

Type of Service	Procedure Code(s)					
Z	3200D	4010D	5210D	5600D	8100D	8350D
	8450D	8451D	8550D	8559D	8650D	8659D
	8759D	8999D				

TYPE OF SERVICE CODES

Last Change Date: 08/19/96

Code	Description
1	Medical Care (Included Consultation)
2	Surgery
4	X-ray/Lab
5	Diagnostic Lab
7	Anesthesia
8	Assistant Surgeon
9	Mental Health/Psychotherapy/Psychiatry
C	Ambulatory Surgical Center
D	Drugs
M	Physician's Assistant/Physician Extended/Nurse Practitioner
O	Other
Q	Accommodation
S	Ancillary-Outpatient
T	Ancillary-Inpatient
Z	Dental



Value Codes and Amounts

Last Change Date 04/11/03

Code	Description
01	Most common semi-private rate
02	Hospital has no semi-private rooms (this requires \$0.00 amount)
03	Reserved for national assignment
04	Inpatient professional component charges which are combined billed
05	Professional component included in charges and also billed separate to carrier
06	Medicare blood deductible
07	Reserved for national assignment
08	Medicare life time reserve amount in the first calendar year
09	Medicare co-insurance amount first calendar year
10	Lifetime reserve amount in the second calendar year
11	Coinsurance amount in the second calendar year
12	Working aged beneficiary/spouse with employer group health plan
13	ESRD beneficiary in a Medicare co-operation period with and employer group health plan
14	No fault, including auto/other, or any liability insurance
15	Worker's compensation
16	PHS or other federal agency
17	Payer code (used by payer for internal use only - providers do not enter this)
18-20	Payer use only. Providers do not report these codes.
25-29	Reserved for national assignment - Medicaid
30	Pre-admission testing
31	Patient liability amount
32	Multiple patient ambulance transport
33-36	Reserved for national assignment
37	Pints of blood furnished
38	Blood deductible pints
39	Pints of blood replaced
40	New coverage not implemented by HMO
41	Black lung
42	VA
43	Disabled beneficiary under age 65 with LGHP
44	Amount provider agreed to accept from primary payer

45	Accident hour
46	Number of grace days
47	Any liability insurance
48	Hemoglobin reading
49	Hematocrit reading
50	Physical therapy visits
51	Occupational therapy visits
52	Speech therapy visits
53	Cardiac rehabilitation visits
54	Newborn birth weight in grams
55	Reserved for national assignment
56	Skilled nurse home visit hours
57	Home health aid home visit hours (HHA only)
58	Arterial blood gas
59	Oxygen saturation
60	HHA branch MSA
61	Location where service is furnished (HHA and Hospice)
62-66	Reserved for national assignment
67	Peritoneal dialysis
68	EPO-drug
69	Reserved for national assignment
70-72	Payer codes (used by payer only - providers can not use)
73	Drug deductible
74	Drug coinsurance
75-79	Payer codes (used by payer only - providers can not use)
80-99	Reserved for state assignment
A1	Deductible Payer A
B1	Deductible Payer B
C1	Deductible Payer C
A2	Coinsurance Payer A
B2	Coinsurance Payer B
C2	Coinsurance Payer C
A3	Estimated responsibility Payer A
B3	Estimated responsibility Payer B
C3	Estimated responsibility Payer C
D3	Estimated responsibility Patient
A0	Special ZIP code reporting
A4	Covered self-administrable drugs –emergency
A5	Covered self administrable drugs – not self-administerable in form and situation furnished to patient

A6	Covered self-administrable drugs – diagnostic study and other
A7-AZ	reserved for national assignment
B0	reserved for national assignment
B4-BZ	reserved for national assignment
C0	reserved for national assignment
C4-CZ	Reserved for national assignment
D0-D2	Reserved for national assignment
D4-DZ	Reserved for national assignment
E0	Reserved for national assignment
E1	Deductible Payer D
E2	Coinsurance Payer D
E3	Estimated responsibility Payer D
E4-EZ	Reserved for national assignment
F0	Reserved for national assignment
F1	Deductible Payer E
F2	Coinsurance Payer E
F3	Estimated responsibility Payer E
F4-FZ	Reserved for national assignment
G0	Reserved for national assignment
G1	Deductible Payer F
G2	Coinsurance Payer F
G3	Estimated responsibility Payer F
G4-GZ	Reserved for national assignment
H0-WZ	Reserved for national assignment
X0-Z9	Reserved for national assignment



WARRANT STATUS

Last Change Date: 05/29/96

<u>Code</u>	<u>Description</u>
C	Canceled
F	Canceled Forgery
L	Canceled Lost
M	Canceled Misc
O	Outstanding
P	Prior Year Cancel
R	Redeemed
S	Stop Pay

WAIVER GROUP CODE

Last Change Date: 11/18/96

<u>Code</u>	<u>Description</u>
Blank	Clients not in a Waiver Group
CO	Control Group
TE	Experimental
TN	Test Group

Z

ZIP CODE - IDAHO BY CITY NAME

Last Change Date: 11/17/00

CITY NAME	ZIP CODE	CODE	COUNTY	REGION	GEO FOCUS
Aberdeen	83210	1	6	6	Rural
Acequia	83350	2	34	5	Rural
Ahsahka	83520	3	18	2	Frontier
Albion	83311	4	16	5	Rural
Almo	83312	5	16	5	Rural
American Falls	83211	6	39	6	Frontier
Ammon	83406	7	10	7	Urban
Arbon	83212	8	39	6	Frontier
Arco	83213	9	12	7	Frontier
Arimo	83214	10	3	6	Urban
Ashton	83420	11	22	7	Frontier
Ashton	83447	11	22	7	Frontier
Athol	83801	12	28	1	Urban
Atlanta	83601	13	20	4	Rural
Atomic City	83215	14	6	6	Rural
Avery	83802	15	40	1	Frontier

B

Baker	83467	16	30	7	Frontier
Bancroft	83217	17	15	6	Frontier
Banida	83263	18	21	6	Rural
Banks	83602	19	8	4	Frontier
Basalt	83218	20	6	6	Rural
Bayview	83803	21	28	1	Urban
Bear	83612	22	2	3	Frontier
Bellevue	83313	23	7	5	Frontier
Bennington	83254	24	4	6	Rural
Bern	83220	25	4	6	Rural
Blackfoot	83221	26	6	6	Rural
Blackfoot	83277	26	6	6	Rural
Blanchard	83804	27	9	1	Rural
Bliss	83314	28	24	5	Frontier
Bloomington	83223	29	4	6	Rural
Boise	83701	30	1	4	Urban
Boise	83702	30	1	4	Urban
Boise	83703	30	1	4	Urban
Boise	83704	30	1	4	Urban
Boise	83705	30	1	4	Urban
Boise	83706	30	1	4	Urban
Boise	83707	30	1	4	Urban
Boise	83708	30	1	4	Urban
Boise	83709	30	1	4	Urban
Boise	83711	30	1	4	Urban
Boise	83712	30	1	4	Urban
Boise	83713	30	1	4	Urban

CITY NAME	ZIP CODE	CODE	COUNTY	REGION	GEO FOCUS
Boise	83714	30	1	4	Urban
Boise	83715	30	1	4	Urban
Boise	83715	30	1	4	Urban
Boise	83716	30	1	4	Urban
Boise	83717	30	1	4	Urban
Boise	83719	30	1	4	Urban
Boise	83720	30	1	4	Urban
Boise	83721	30	1	4	Urban
Boise	83722	30	1	4	Urban
Boise	83723	30	1	4	Urban
Boise	83724	30	1	4	Urban
Boise	83725	30	1	4	Urban
Boise	83726	30	1	4	Urban
Boise	83727	30	1	4	Urban
Boise	83728	30	1	4	Urban
Boise	83729	30	1	4	Urban
Boise	83730	30	1	4	Urban
Boise	83731	30	1	4	Urban
Boise	83732	30	1	4	Urban
Boise	83733	30	1	4	Urban
Boise	83735	30	1	4	Urban
Boise	83744	30	1	4	Urban
Boise	83756	30	1	4	Urban
Boise	83757	30	1	4	Urban
Boise	83788	30	1	4	Urban
Bonnors Ferry	83805	31	11	1	Rural
Bovill	83806	32	29	2	Rural
Bridge	83342	33	16	5	Rural
Bruneau	83604	34	37	3	Frontier
Buhl	83316	35	42	5	Urban
Burke	83873	36	40	1	Frontier
Burley	83318	37	16	5	Rural
Calder	83808	38	40	1	Frontier
Caldwell	83605	39	14	3	Urban
Caldwell	83606	39	14	3	Urban
Caldwell	83607	39	14	3	Urban
Cambridge	83610	40	44	3	Frontier
Carey	83320	41	7	5	Frontier
Careywood	83809	42	9	1	Rural
Carmen	83462	43	30	7	Frontier
Cascade	83611	44	43	4	Frontier
Castleford	83321	45	42	5	Urban
Cataldo	83810	46	28	1	Urban
Centerville	83631	314	8	4	Frontier
Challis	83226	47	19	7	Frontier
Challis	83229	47	19	7	Frontier
Chester	83421	48	22	7	Frontier
Chubbuck	83202	49	3	6	Urban
Clark Fork	83811	50	9	1	Rural
Clarkia	83812	51	40	1	Frontier

	CITY NAME	ZIP CODE	CODE	COUNTY	REGION	GEO FOCUS
	Clayton	83227	52	19	7	Frontier
	Clearwater	83539	53	25	2	Frontier
	Clifton	83228	54	21	6	Rural
	Cobalt	83229	55	19	7	Frontier
	Cocolalla	83813	56	9	1	Rural
	Coeur d'Alene	83814	57	28	1	Urban
	Coeur d'Alene	83815	57	28	1	Urban
	Coeur d'Alene	83816	57	28	1	Urban
	Colburn	83865	58	9	1	Rural
	Conda	83230	59	15	6	Frontier
	Coolin	83821	60	9	1	Rural
	Corral	83322	61	13	5	Frontier
	Cottonwood	83522	62	25	2	Frontier
	Cottonwood	83533	62	25	2	Frontier
	Cottonwood	83538	62	25	2	Frontier
	Council	83612	63	2	3	Frontier
	Craigmont	83523	64	31	2	Rural
	Culdesac	83524	65	35	2	Urban
D	Dalton Gardens	83815	311	28	1	Rural
	Darlington	83231	66	12	7	Frontier
	Dayton	83232	67	21	6	Rural
	Deary	83823	68	29	2	Rural
	Declo	83323	69	16	5	Rural
	Desmet	83824	70	5	1	Rural
	Dietrich	83324	71	32	5	Frontier
	Dingle	83233	72	4	6	Rural
	Dixie	83525	73	25	2	Frontier
	Donnelly	83615	74	43	4	Frontier
	Dover	83825	75	9	1	Rural
	Downey	83234	76	3	6	Urban
	Driggs	83422	77	41	7	Rural
	Dubois	83423	78	17	7	Frontier
	Dubois	83446	78	17	7	Frontier
E	Eagle	83616	79	1	4	Urban
	Eastport	83826	80	11	1	Rural
	Eden	83325	81	27	5	Rural
	Elba	83326	82	16	5	Rural
	Elk City	83525	83	25	2	Frontier
	Elk Horn Village	83354	84	7	5	Frontier
	Elk River	83827	85	18	2	Frontier
	Ellis	83235	86	19	7	Frontier
	Emida	83861	87	5	5	Rural
	Emmett	83617	88	23	3	Rural
	Enaville	83839	89	40	1	Frontier
F	Fairfield	83322	90	13	5	Frontier
	Fairfield	83327	90	13	5	Frontier
	Felt	83424	91	41	7	Rural
	Fenn	83531	92	25	2	Frontier

CITY NAME	ZIP CODE	CODE	COUNTY	REGION	GEO FOCUS
Ferdinand	83526	93	25	2	Frontier
Fernwood	83830	94	5	1	Rural
Filer	83328	95	42	5	Urban
Firth	83236	97	6	6	Rural
Fish Haven	83287	96	4	6	Rural
Fort Hall	83203	98	6	6	Rural
Franklin	83237	100	21	6	Rural
Fruitland	83619	101	38	3	Rural
Fruitvale	83620	102	2	3	Frontier

G

Garden City	83714	103	1	4	Urban
Garden Valley	83622	104	8	4	Frontier
Gardena	83629	105	8	4	Frontier
Genessee	83832	106	29	2	Rural
Geneva	83238	107	4	6	Rural
Georgetown	83239	108	4	6	Rural
Gibbonsville	83463	109	30	7	Frontier
Glenns Ferry	83623	110	20	4	Rural
Gooding	83330	111	24	5	Frontier
Grace	83241	112	15	6	Frontier
Grandview	83624	113	37	3	Frontier
Grangeville	83530	114	25	2	Frontier
Grangeville	83531	114	25	2	Frontier
Grasmere	83604	115	37	3	Frontier
Greencreek	83533	116	25	2	Frontier
Greenleaf	83626	117	14	3	Urban

H

Hagerman	83332	118	24	5	Frontier
Hailey	83333	119	7	5	Frontier
Hamer	83425	120	26	7	Rural
Hammett	83627	121	20	4	Rural
Hansen	83334	122	42	5	Urban
Harrison	83833	123	28	1	Urban
Harrison	83842	123	28	1	Urban
Harvard	83834	124	29	2	Rural
Hayden	83835	125	28	1	Urban
Hayden Lake	83835	126	28	1	Urban
Hayden Lake	83835	267	28	1	Urban
Hazelton	83335	127	27	5	Rural
Headquarters	83546	128	18	2	Frontier
Heyburn	83336	129	34	5	Rural
Hill City	83337	130	13	5	Frontier
Holbrook	83243	131	36	6	Frontier
Hollister	83301	313	42	5	Frontier
Homedale	83628	132	37	3	Frontier
Hope	83836	133	9	1	Rural
Horseshoe Bend	83629	134	8	4	Frontier
Howe	83244	135	12	7	Frontier
Huston	83630	136	14	3	Urban

I

Idaho City	83631	137	8	4	Frontier
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	CITY NAME	ZIP CODE	CODE	COUNTY	REGION	GEO FOCUS
	Idaho Falls	83401	138	10	7	Urban
	Idaho Falls	83402	138	10	7	Urban
	Idaho Falls	83403	138	10	7	Urban
	Idaho Falls	83404	138	10	7	Urban
	Idaho Falls	83405	138	10	7	Urban
	Idaho Falls	83406	138	10	7	Urban
	Idaho Falls	83415	138	10	7	Urban
	Indian Valley	83632	139	2	3	Frontier
	Inkom	83245	140	3	6	Urban
	Iona	83427	141	10	7	Urban
	Irwin	83428	142	10	7	Urban
	Island Park	83429	143	22	7	Frontier
	Island Park	83433	143	22	7	Frontier
J	Jerome	83338	144	27	5	Rural
	Juliaetta	83535	145	29	2	Rural
K	Kamiah	83536	146	31	2	Rural
	Kellogg	83837	147	40	1	Frontier
	Kendrick	83537	148	29	2	Rural
	Ketchum	83340	149	7	5	Frontier
	Keuterville	83538	150	25	2	Frontier
	Kimberly	83341	151	42	5	Urban
	King Hill	83633	152	20	4	Rural
	Kingston	83839	153	40	1	Frontier
	Kooskia	83539	154	25	2	Frontier
	Kootenai	83840	155	9	1	Rural
	Kuna	83634	156	1	4	Urban
L	Laclede	83841	157	9	1	Rural
	Lake Fork	83635	158	43	4	Frontier
	Lapwai	83540	159	35	2	Urban
	Lava Hot Springs	83246	160	3	6	Urban
	Leadore	83464	161	30	7	Frontier
	Lemhi	83465	162	30	7	Frontier
	Lenore	83541	163	35	2	Urban
	Leslie	83255	164	19	7	Frontier
	Letha	83636	165	23	3	Rural
	Lewiston	83501	166	35	2	Urban
	Lewisville	83431	167	26	7	Rural
	Lorenzo	83442	168	26	7	Rural
	Lowman	83637	169	8	4	Frontier
	Lucile	83542	170	25	2	Frontier
M	Macks Inn	83433	172	22	7	Frontier
	Malad City	83252	173	36	6	Frontier
	Malad City	83280	173	36	6	Frontier
	Malta	83342	174	16	5	Rural
	Marsing	83639	175	37	3	Frontier
	May	83253	176	30	7	Frontier
	McCall	83635	177	43	4	Frontier

CITY NAME	ZIP CODE	CODE	COUNTY	REGION	GEO FOCUS
McCall	83638	177	43	4	Frontier
McCammon	83250	178	3	6	Urban
Mackay	83251	171	19	7	Frontier
Medimont	83842	179	28	1	Urban
Melba	83641	180	14	3	Urban
Menan	83434	181	26	7	Rural
Meridian	83642	182	1	4	Urban
Meridian	83680	182	1	4	Urban
Mesa	83643	183	2	3	Frontier
Middleton	83644	184	14	3	Urban
Midvale	83645	185	44	3	Frontier
Minidoka	83343	186	34	5	Rural
Montevue	83435	187	26	7	Rural
Montour	83617	188	23	3	Rural
Montpelier	83254	189	4	6	Rural
Moore	83231	190	12	7	Frontier
Moore	83255	190	12	7	Frontier
Moreland	83256	191	6	6	Rural
Moscow	83843	192	29	2	Rural
Moscow	83844	192	29	2	Rural
Mountain Home	83647	193	20	4	Rural
Mountina Home Afb	83648	194	20	4	Rural
Moyie Springs	83845	195	11	1	Rural
Mullan	83846	196	40	1	Frontier
Murphy	83650	197	37	3	Frontier
Murray	83874	198	40	1	Frontier
Murtaugh	83344	199	42	5	Urban

N

Naf	83342	200	16	5	Rural
Nampa	83651	201	14	3	Urban
Nampa	83652	201	14	3	Urban
Nampa	83653	201	14	3	Urban
Nampa	83686	201	14	3	Urban
Nampa	83687	201	14	3	Urban
Naples	83847	202	11	1	Rural
New Meadows	83654	204	2	3	Frontier
New Plymouth	83655	205	38	3	Rural
Newdale	83436	203	22	7	Frontier
Nezperce	83543	206	31	2	Rural
Nordman	83848	207	9	1	Rural
North Fork	83466	208	30	7	Frontier
North Fork	83469	208	30	7	Frontier
Notus	83656	209	14	3	Urban

O

Oakley	83346	210	16	5	Rural
Obsidian	83340	211	7	7	Frontier
Ola	83657	212	23	3	Rural
Oldtown	83822	213	9	1	Rural
Onaway	83855	312	29	2	Rural
Oreana	83650	214	37	3	Frontier
Orofino	83544	215	18	2	Frontier

	CITY NAME	ZIP CODE	CODE	COUNTY	REGION	GEO FOCUS
	Osburn	83849	216	40	1	Frontier
	Ovid	83220	217	4	6	Rural
	Ovid	83260	217	4	6	Rural
P	Palisades	83437	218	10	7	Urban
	Paris	83261	219	4	6	Rural
	Paris	83267	219	4	6	Rural
	Parker	83438	220	22	7	Frontier
	Parma	83660	221	14	3	Urban
	Patterson	83253	222	30	7	Frontier
	Paul	83347	223	34	5	Rural
	Payette	83661	224	38	3	Rural
	Peck	83545	225	35	2	Urban
	Picabo	83348	226	7	5	Frontier
	Pierce	83546	227	18	2	Frontier
	Pinehurst	83850	228	40	1	Frontier
	Pingree	83262	229	6	6	Rural
	Placerville	83666	230	8	4	Frontier
	Plummer	83851	231	5	1	Rural
	Pocatello	83201	232	3	6	Urban
	Pocatello	83202	232	3	6	Urban
	Pocatello	83203	232	3	6	Urban
	Pocatello	83204	232	3	6	Urban
	Pocatello	83205	232	3	6	Urban
	Pocatello	83206	232	3	6	Urban
	Pocatello	83209	232	3	6	Urban
	Pollock	83547	233	25	2	Frontier
	Ponderay	83852	234	9	1	Rural
	Porthill	83853	235	11	1	Rural
	Post Falls	83854	236	28	1	Urban
	Potlatch	83855	237	29	2	Rural
	Preston	83263	238	21	6	Rural
	Prichard	83873	315	40	1	Frontier
	Priest River	83856	239	9	1	Rural
	Princeton	83857	240	29	2	Rural
R	Rathdrum	83858	241	28	1	Urban
	Reubens	83548	242	35	2	Urban
	Rexburg	83440	243	33	7	Rural
	Rexburg	83441	243	33	7	Rural
	Rexburg	83460	243	33	7	Rural
	Richfield	83349	244	32	5	Frontier
	Riddle	83604	245	37	3	Frontier
	Rigby	83442	246	26	7	Rural
	Riggins	83549	247	25	2	Frontier
	Ririe	83443	248	26	7	Rural
	Roberts	83444	249	26	7	Rural
	Rockland	83271	250	39	6	Frontier
	Rogerson	83302	251	42	5	Urban
	Rupert	83343	252	34	5	Rural
	Rupert	83350	252	34	5	Rural

	CITY NAME	ZIP CODE	CODE	COUNTY	REGION	GEO FOCUS
S	Sagle	83860	253	9	1	Rural
	Saint Anthony	83445	254	22	7	Frontier
	Saint Charles	83272	255	4	6	Rural
	Saint Maries	83861	256	5	1	Rural
	Salmon	83467	257	30	7	Frontier
	Samuels	83862	258	9	1	Rural
	Sanders	83870	259	5	1	Rural
	Sandpoint	83809	260	9	1	Rural
	Sandpoint	83840	260	9	1	Rural
	Sandpoint	83862	260	9	1	Rural
	Sandpoint	83864	260	9	1	Rural
	Sandpoint	83865	260	9	1	Rural
	Santa	83866	261	5	1	Rural
	Shelley	83274	262	6	6	Rural
	Shoshone	83324	263	32	5	Frontier
	Shoshone	83352	263	32	5	Frontier
	Shoup	83469	264	30	7	Frontier
	Silverton	83867	265	40	2	Frontier
	Smelterville	83868	266	40	1	Frontier
	Smith's Ferry	83611	268	43	4	Frontier
	Soda Springs	83230	310	15	6	Rural
	Soda Springs	83276	310	15	6	Rural
	Soda Springs	83285	310	15	6	Rural
	Southwick	83537	269	35	2	Urban
	Spalding	83551	270	35	2	Urban
	Spencer	83446	271	17	7	Frontier
	Spirit Lake	83869	272	28	1	Urban
	Springfield	83277	273	6	6	Rural
	Squirrel	83447	274	22	7	Frontier
	Stanley	83278	275	19	7	Frontier
	Star	83669	276	1	4	Urban
	Star Ranch	83631	317	8	4	Rural
	Sterling	83210	277	6	6	Rural
	Stites	83552	278	25	2	Frontier
	Stone	83280	279	36	6	Frontier
	Sugar City	83448	280	33	7	Rural
	Sun Valley	83353	281	7	5	Frontier
	Sun Valley	83354	281	7	5	Frontier
	Swan Valley	83449	283	10	7	Urban
	Swanlake	83281	282	3	6	Urban
	Sweet	83670	284	23	3	Rural
T	Tendoy	83468	285	30	7	Frontier
	Tensed	83870	286	5	1	Rural
	Terreton	83450	287	26	7	Rural
	Teton	83451	288	22	7	Frontier
	Tetonia	83452	289	41	7	Rural
	Thatcher	83283	290	21	6	Rural
	Thornton	83440	291	33	7	Rural
	Troy	83871	292	29	2	Rural
	Tuttle	83037	293	40	1	Frontier

	CITY NAME	ZIP CODE	CODE	COUNTY	REGION	GEO FOCUS
	Twin Falls	83301	294	42	5	Urban
	Twin Falls	83302	294	42	5	Urban
	Twin Falls	83303	294	42	5	Urban
	Twin Lakes	83858	316	28	1	Frontier
U	Ucon	83454	295	10	7	Urban
V	Victor	83455	296	41	7	Rural
	Viola	83872	297	29	2	Rural
W	Wallace	83873	298	40	1	Frontier
	Warren	83671	299	25	2	Frontier
	Wayan	83285	300	15	6	Frontier
	Weippe	83553	301	18	2	Frontier
	Weiser	83672	302	44	3	Frontier
	Wendell	83355	303	24	5	Frontier
	Weston	83286	304	21	6	Rural
	White Bird	83554	305	25	2	Frontier
	Wilder	83676	306	14	3	Urban
	Winchester	83555	307	31	2	Rural
	Worley	83876	308	28	1	Urban
Y	Yellow Pine	83677	309	43	4	Frontier
	Unknown		99	9	9	Unknown
	ALL OTHER OUT OF STATE AREAS		999			

ZIP CODE - IDAHO BY ZIP CODE

Last Change Date: 11/17/00

ZIP Code	Code	City Name	County	Region	Geo Focus
83037	293	Tuttle	40	1	Frontier
83201	232	Pocatello	3	6	Urban
83202	49	Chubbuck	3	6	Urban
83202	232	Pocatello	3	6	Urban
83203	98	Fort Hall	6	6	Rural
83203	232	Pocatello	3	6	Urban
83204	232	Pocatello	3	6	Urban
83205	232	Pocatello	3	6	Urban
83206	232	Pocatello	3	6	Urban
83209	232	Pocatello	3	6	Urban
83210	1	Aberdeen	6	6	Rural
83210	277	Sterling	6	6	Rural
83211	6	American Falls	39	6	Frontier
83212	8	Arbon	39	6	Frontier
83213	9	Arco	12	7	Frontier
83214	10	Arimo	3	6	Urban
83215	14	Atomic City	6	6	Rural
83217	17	Bancroft	15	6	Frontier
83218	20	Basalt	6	6	Rural
83220	217	Ovid	4	6	Rural
83220	25	Bern	4	6	Rural
83221	26	Blackfoot	6	6	Rural
83223	29	Bloomington	4	6	Rural
83226	47	Challis	19	7	Frontier
83227	52	Clayton	19	7	Frontier
83228	54	Clifton	21	6	Rural
83229	47	Challis	19	7	Frontier
83229	55	Cobalt	19	7	Frontier
83230	59	Conda	15	6	Frontier
83230	310	Soda Springs	15	6	Rural
83231	66	Darlington	12	7	Frontier
83231	190	Moore	12	7	Frontier
83232	67	Dayton	21	6	Rural
83233	72	Dingle	4	6	Rural
83234	76	Downey	3	6	Urban
83235	86	Ellis	19	7	Frontier
83236	97	Firth	6	6	Rural
83237	100	Franklin	21	6	Rural
83238	107	Geneva	4	6	Rural
83239	108	Georgetown	4	6	Rural
83241	112	Grace	15	6	Frontier
83243	131	Holbrook	36	6	Frontier
83244	135	Howe	12	7	Frontier
83245	140	Inkom	3	6	Urban
83246	160	Lava Hot Springs	3	6	Urban

ZIP Code	Code	City Name	County	Region	Geo Focus
83250	178	Mccammon	3	6	Urban
83251	171	Mackay	19	7	Frontier
83252	173	Malad City	36	6	Frontier
83253	176	May	30	7	Frontier
83253	222	Patterson	30	7	Frontier
83254	24	Bennington	4	6	Rural
83254	189	Montpelier	4	6	Rural
83255	164	Leslie	19	7	Frontier
83255	190	Moore	12	7	Frontier
83256	191	Moreland	6	6	Rural
83260	217	Ovid	4	6	Rural
83261	219	Paris	4	6	Rural
83262	229	Pingree	6	6	Rural
83263	18	Banida	21	6	Rural
83263	238	Preston	21	6	Rural
83267	219	Paris	4	6	Rural
83271	250	Rockland	39	6	Frontier
83272	255	Saint Charles	4	6	Rural
83274	262	Shelley	6	6	Rural
83276	310	Soda Springs	15	6	Rural
83277	26	Blackfoot	6	6	Rural
83277	273	Springfield	6	6	Rural
83278	275	Stanley	19	7	Frontier
83280	173	Malad City	36	6	Frontier
83280	279	Stone	36	6	Frontier
83281	282	Swanlake	3	6	Urban
83283	290	Thatcher	21	6	Rural
83285	310	Soda Springs	15	6	Rural
83285	300	Wayan	15	6	Frontier
83286	304	Weston	21	6	Rural
83287	96	Fish Haven	4	6	Rural
83301	294	Twin Falls	42	5	Urban
83301	313	Hollister	42	5	Frontier
83302	294	Twin Falls	42	5	Urban
83302	251	Rogerson	42	5	Urban
83303	294	Twin Falls	42	5	Urban
83311	4	Albion	16	5	Rural
83312	5	Almo	16	5	Rural
83313	23	Bellevue	7	5	Frontier
83314	28	Bliss	24	5	Frontier
83314	311	Dalton Gardens	28	1	Rural
83316	35	Buhl	42	5	Urban
83318	37	Burley	16	5	Rural
83320	41	Carey	7	5	Frontier
83321	45	Castleford	42	5	Urban
83322	61	Corral	13	5	Frontier
83322	90	Fairfield	13	5	Frontier
83323	69	Declo	16	5	Rural
83324	71	Dietrich	32	5	Frontier
83324	263	Shoshone	32	5	Frontier

ZIP Code	Code	City Name	County	Region	Geo Focus
83325	81	Eden	27	5	Rural
83326	82	Elba	16	5	Rural
83327	90	Fairfield	13	5	Frontier
83328	95	Filer	42	5	Urban
83330	111	Gooding	24	5	Frontier
83332	118	Hagerman	24	5	Frontier
83333	119	Hailey	7	5	Frontier
83334	122	Hansen	42	5	Urban
83335	127	Hazelton	27	5	Rural
83336	129	Heyburn	34	5	Rural
83337	130	Hill City	13	5	Frontier
83338	144	Jerome	27	5	Rural
83340	149	Ketchum	7	5	Frontier
83340	211	Obsidian	7	7	Frontier
83341	151	Kimberly	42	5	Urban
83342	33	Bridge	16	5	Rural
83342	174	Malta	16	5	Rural
83342	200	Naf	16	5	Rural
83343	186	Minidoka	34	5	Rural
83343	252	Rupert	34	5	Rural
83344	199	Murtaugh	42	5	Urban
83346	210	Oakley	16	5	Rural
83347	223	Paul	34	5	Rural
83348	226	Picabo	7	5	Frontier
83349	244	Richfield	32	5	Frontier
83350	2	Acequia	34	5	Rural
83350	252	Rupert	34	5	Rural
83352	263	Shoshone	32	5	Frontier
83353	281	Sun Valley	7	5	Frontier
83354	84	Elk Horn Village	7	5	Frontier
83354	281	Sun Valley	7	5	Frontier
83355	303	Wendell	24	5	Frontier
83406	7	Ammon	10	7	Urban
83401	138	Idaho Falls	10	7	Urban
83402	138	Idaho Falls	10	7	Urban
83403	138	Idaho Falls	10	7	Urban
83404	138	Idaho Falls	10	7	Urban
83405	138	Idaho Falls	10	7	Urban
83406	138	Idaho Falls	10	7	Urban
83415	138	Idaho Falls	10	7	Urban
83420	11	Ashton	22	7	Frontier
83421	48	Chester	22	7	Frontier
83422	77	Driggs	41	7	Rural
83423	78	Dubois	17	7	Frontier
83424	91	Felt	41	7	Rural
83425	120	Hamer	26	7	Rural
83427	141	Iona	10	7	Urban
83428	142	Irwin	10	7	Urban
83429	143	Island Park	22	7	Frontier
83431	167	Lewisville	26	7	Rural

ZIP Code	Code	City Name	County	Region	Geo Focus
83433	143	Island Park	22	7	Frontier
83433	172	Macks Inn	22	7	Frontier
83434	181	Menan	26	7	Rural
83435	187	Monteview	26	7	Rural
83436	203	Newdale	22	7	Frontier
83437	218	Palisades	10	7	Urban
83438	220	Parker	22	7	Frontier
83440	243	Rexburg	33	7	Rural
83440	291	Thornton	33	7	Rural
83441	243	Rexburg	33	7	Rural
83442	168	Lorenzo	26	7	Rural
83442	246	Rigby	26	7	Rural
83443	248	Ririe	26	7	Rural
83444	249	Roberts	26	7	Rural
83445	254	Saint Anthony	22	7	Frontier
83446	78	Dubois	17	7	Frontier
83446	271	Spencer	17	7	Frontier
83447	11	Ashton	22	7	Frontier
83447	274	Squirrel	22	7	Frontier
83448	280	Sugar City	33	7	Rural
83449	283	Swan Valley	10	7	Urban
83450	287	Terreton	26	7	Rural
83451	288	Teton	22	7	Frontier
83452	289	Tetonia	41	7	Rural
83454	295	Ucon	10	7	Urban
83455	296	Victor	41	7	Rural
83460	243	Rexburg	33	7	Rural
83462	43	Carmen	30	7	Frontier
83463	109	Gibbonsville	30	7	Frontier
83464	161	Leadore	30	7	Frontier
83465	162	Lemhi	30	7	Frontier
83466	208	North Fork	30	7	Frontier
83467	16	Baker	30	7	Frontier
83467	257	Salmon	30	7	Frontier
83468	285	Tendoy	30	7	Frontier
83469	208	North Fork	30	7	Frontier
83469	264	Shoup	30	7	Frontier
83501	166	Lewiston	35	2	Urban
83520	3	Ahsahka	18	2	Frontier
83522	62	Cottonwood	25	2	Frontier
83523	64	Craigmont	31	2	Rural
83524	65	Culdesac	35	2	Urban
83525	73	Dixie	25	2	Frontier
83525	83	Elk City	25	2	Frontier
83526	93	Ferdinand	25	2	Frontier
83530	114	Grangeville	25	2	Frontier
83531	114	Grangeville	25	2	Frontier
83531	92	Fenn	25	2	Frontier
83533	62	Cottonwood	25	2	Frontier
83533	116	Greencreek	25	2	Frontier

ZIP Code	Code	City Name	County	Region	Geo Focus
83535	145	Juliaetta	29	2	Rural
83536	146	Kamiah	31	2	Rural
83537	148	Kendrick	29	2	Rural
83537	269	Southwick	35	2	Urban
83538	62	Cottonwood	25	2	Frontier
83538	150	Keuterville	25	2	Frontier
83539	53	Clearwater	25	2	Frontier
83539	154	Kooskia	25	2	Frontier
83540	159	Lapwai	35	2	Urban
83541	163	Lenore	35	2	Urban
83542	170	Lucile	25	2	Frontier
83543	206	Nezperce	31	2	Rural
83544	215	Orofino	18	2	Frontier
83545	225	Peck	35	2	Urban
83546	128	Headquarters	18	2	Frontier
83546	227	Pierce	18	2	Frontier
83547	233	Pollock	25	2	Frontier
83548	242	Reubens	35	2	Urban
83549	247	Riggins	25	2	Frontier
83551	270	Spalding	35	2	Urban
83552	278	Stites	25	2	Frontier
83553	301	Weippe	18	2	Frontier
83554	305	White Bird	25	2	Frontier
83555	307	Winchester	31	2	Rural
83601	13	Atlanta	20	4	Rural
83602	19	Banks	8	4	Frontier
83604	34	Bruneau	37	3	Frontier
83604	115	Grasmere	37	3	Frontier
83605	39	Caldwell	14	3	Urban
83604	245	Riddle	37	3	Frontier
83606	39	Caldwell	14	3	Urban
83607	39	Caldwell	14	3	Urban
83610	40	Cambridge	44	3	Frontier
83611	44	Cascade	43	4	Frontier
83611	268	Smith's Ferry	43	4	Frontier
83612	22	Bear	2	3	Frontier
83612	63	Council	2	3	Frontier
83615	74	Donnelly	43	4	Frontier
83616	79	Eagle	1	4	Urban
83617	88	Emmett	23	3	Rural
83617	188	Montour	23	3	Rural
83619	101	Fruitland	38	3	Rural
83620	102	Fruitvale	2	3	Frontier
83622	104	Garden Valley	8	4	Frontier
83623	110	Glenns Ferry	20	4	Rural
83624	113	Grandview	37	3	Frontier
83626	117	Greenleaf	14	3	Urban
83627	121	Hammett	20	4	Rural
83628	132	Homedale	37	3	Frontier
83629	105	Gardena	8	4	Frontier

ZIP Code	Code	City Name	County	Region	Geo Focus
83629	134	Horseshoe Bend	8	4	Frontier
83630	136	Huston	14	3	Urban
83631	137	Idaho City	8	4	Frontier
83631	314	Centerville	8	4	Frontier
83631	317	Star Ranch	8	4	Rural
83632	139	Indian Valley	2	3	Frontier
83633	152	King Hill	20	4	Rural
83634	156	Kuna	1	4	Urban
83635	158	Lake Fork	43	4	Frontier
83635	177	Mccall	43	4	Frontier
83636	165	Letha	23	3	Rural
83637	169	Lowman	8	4	Frontier
83638	177	Mccall	43	4	Frontier
83639	175	Marsing	37	3	Frontier
83641	180	Melba	14	3	Urban
83642	182	Meridian	1	4	Urban
83643	183	Mesa	2	3	Frontier
83644	184	Middleton	14	3	Urban
83645	185	Midvale	44	3	Frontier
83647	193	Mountain Home	20	4	Rural
83648	194	Mountina Home Afb	20	4	Rural
83650	197	Murphy	37	3	Frontier
83650	214	Oreana	37	3	Frontier
83651	201	Nampa	14	3	Urban
83652	201	Nampa	14	3	Urban
83653	201	Nampa	14	3	Urban
83654	204	New Meadows	2	3	Frontier
83655	205	New Plymouth	38	3	Rural
83656	209	Notus	14	3	Urban
83657	212	Ola	23	3	Rural
83660	221	Parma	14	3	Urban
83661	224	Payette	38	3	Rural
83666	230	Placerville	8	4	Frontier
83669	276	Star	1	4	Urban
83670	284	Sweet	23	3	Rural
83671	299	Warren	25	2	Frontier
83672	302	Weiser	44	3	Frontier
83676	306	Wilder	14	3	Urban
83677	309	Yellow Pine	43	4	Frontier
83680	182	Meridian	1	4	Urban
83686	201	Nampa	14	3	Urban
83687	201	Nampa	14	3	Urban
83701	30	Boise	1	4	Urban
83702	30	Boise	1	4	Urban
83703	30	Boise	1	4	Urban
83704	30	Boise	1	4	Urban
83705	30	Boise	1	4	Urban
83706	30	Boise	1	4	Urban
83707	30	Boise	1	4	Urban
83708	30	Boise	1	4	Urban

ZIP Code	Code	City Name	County	Region	Geo Focus
83709	30	Boise	1	4	Urban
83711	30	Boise	1	4	Urban
83712	30	Boise	1	4	Urban
83713	30	Boise	1	4	Urban
83714	30	Boise	1	4	Urban
83714	103	Garden City	1	4	Urban
83715	30	Boise	1	4	Urban
83716	30	Boise	1	4	Urban
83717	30	Boise	1	4	Urban
83719	30	Boise	1	4	Urban
83720	30	Boise	1	4	Urban
83721	30	Boise	1	4	Urban
83722	30	Boise	1	4	Urban
83723	30	Boise	1	4	Urban
83724	30	Boise	1	4	Urban
83725	30	Boise	1	4	Urban
83726	30	Boise	1	4	Urban
83727	30	Boise	1	4	Urban
83728	30	Boise	1	4	Urban
83729	30	Boise	1	4	Urban
83730	30	Boise	1	4	Urban
83731	30	Boise	1	4	Urban
83732	30	Boise	1	4	Urban
83733	30	Boise	1	4	Urban
83735	30	Boise	1	4	Urban
83744	30	Boise	1	4	Urban
83756	30	Boise	1	4	Urban
83757	30	Boise	1	4	Urban
83788	30	Boise	1	4	Urban
83801	12	Athol	28	1	Urban
83802	15	Avery	40	1	Frontier
83803	21	Bayview	28	1	Urban
83804	27	Blanchard	9	1	Rural
83805	31	Bonnors Ferry	11	1	Rural
83806	32	Bovill	29	2	Rural
83808	38	Calder	40	1	Frontier
83809	42	Careywood	9	1	Rural
83809	260	Sandpoint	9	1	Rural
83810	46	Cataldo	28	1	Urban
83811	50	Clark Fork	9	1	Rural
83812	51	Clarkia	40	1	Frontier
83813	56	Cocolalla	9	1	Rural
83814	57	Coeur d'Alene	28	1	Urban
83815	311	Dalton Gardens	28	1	Rural
83815	57	Coeur d'Alene	28	1	Urban
83816	57	Coeur d'Alene	28	1	Urban
83821	60	Coolin	9	1	Rural
83822	213	Oldtown	9	1	Rural
83823	68	Deary	29	2	Rural
83824	70	Desmet	5	1	Rural

ZIP Code	Code	City Name	County	Region	Geo Focus
83825	75	Dover	9	1	Rural
83826	80	Eastport	11	1	Rural
83827	85	Elk River	18	2	Frontier
83830	94	Fernwood	5	1	Rural
83832	106	Genessee	29	2	Rural
83833	123	Harrison	28	1	Urban
83834	124	Harvard	29	2	Rural
83835	125	Hayden	28	1	Urban
83835	126	Hayden Lake	28	1	Urban
83835	267	Hayden Lake	28	1	Urban
83836	133	Hope	9	1	Rural
83837	147	Kellogg	40	1	Frontier
83839	89	Enaville	40	1	Frontier
83839	153	Kingston	40	1	Frontier
83840	155	Kootenai	9	1	Rural
83840	260	Sandpoint	9	1	Rural
83841	157	Laclede	9	1	Rural
83842	123	Harrison	28	1	Urban
83842	179	Medimont	28	1	Urban
83843	192	Moscow	29	2	Rural
83844	192	Moscow	29	2	Rural
83845	195	Moyie Springs	11	1	Rural
83846	196	Mullan	40	1	Frontier
83847	202	Naples	11	1	Rural
83848	207	Nordman	9	1	Rural
83849	216	Osburn	40	1	Frontier
83850	228	Pinehurst	40	1	Frontier
83851	231	Plummer	5	1	Rural
83852	234	Ponderay	9	1	Rural
83853	235	Porthill	11	1	Rural
83854	236	Post Falls	28	1	Urban
83855	312	Onaway	29	2	Rural
83855	237	Potlatch	29	2	Rural
83856	239	Priest River	9	1	Rural
83857	240	Princeton	29	2	Rural
83858	241	Rathdrum	28	1	Urban
83858	316	Twin Lakes	28	1	Frontier
83860	253	Sagle	9	1	Rural
83861	87	Emida	5	5	Rural
83861	256	Saint Maries	5	1	Rural
83862	258	Samuels	9	1	Rural
83862	260	Sandpoint	9	1	Rural
83864	260	Sandpoint	9	1	Rural
83865	58	Colburn	9	1	Rural
83865	260	Sandpoint	9	1	Rural
83866	261	Santa	5	1	Rural
83867	265	Silverton	40	2	Frontier
83868	266	Smelterville	40	1	Frontier
83869	272	Spirit Lake	28	1	Urban
83870	259	Sanders	5	1	Rural

ZIP Code	Code	City Name	County	Region	Geo Focus
83870	286	Tensed	5	1	Rural
83871	292	Troy	29	2	Rural
83872	297	Viola	29	2	Rural
83873	36	Burke	40	1	Frontier
83873	298	Wallace	40	1	Frontier
83873	315	Prichard	40	1	Frontier
83874	198	Murray	40	1	Frontier
83876	308	Worley	28	1	Urban
	99	Unknown	9	9	Unknown
	999	ALL OTHER OUT OF STATE AREAS			

ZIP CODE - BORDER STATES BY CITY

Last Change Date: 01/20/2004

MONTANA

City Name	ZIP Code	City Name	CODE	Region	Geo Focus
Alberton, MT	59820	501	53	1	Unknown
Alder, MT	59710	502	52	7	Unknown
Amsterdam, MT	59741	503	56	7	Unknown
Anceney, MT	59741	504	56	7	Unknown
Argenta, MT	59725	505	50	7	Unknown
Bannack, MT	59725	506	50	7	Unknown
Belgrade, MT	59714	507	56	7	Unknown
Belknap, MT	59874	508	57	1	Unknown
Big Sky, MT	59716	509	56	7	Unknown
Bonner, MT	59823	510	54	2	Unknown
Bozeman, MT	59715	511	56	7	Unknown
Bozeman, MT	59716	511	56	7	Unknown
Bozeman, MT	59717	511	56	7	Unknown
Bozeman, MT	59771	511	56	7	Unknown
Bozeman, MT	59772	511	56	7	Unknown
Bozeman, MT	59773	511	56	7	Unknown
Camas, MT	59845	512	57	1	Unknown
Cameron, MT	59720	513	52	7	Unknown
Churchill, MT	59741	514	56	7	Unknown
Clinton, MT	59825	515	54	2	Unknown
Condon, MT	59826	516	54	2	Unknown
Connor, MT	59827	517	55	2	Unknown
Corvallis, MT	59828	518	55	2	Unknown
Darby, MT	59829	519	55	2	Unknown
DeBorgia, MT	59830	520	53	1	Unknown
Dell, MT	59724	521	50	7	Unknown
Dillon, MT	59725	522	50	7	Unknown
Divide, MT	59727	523	56	7	Unknown
Dixon, MT	59831	524	57	1	Unknown
Ennis, MT	59729	525	52	7	Unknown
Eureka, MT	59917	526	51	1	Unknown
Evaro, MT	59801	527	54	2	Unknown
Florence, MT	59833	528	55	2	Unknown
Fortine, MT	59918	529	51	1	Unknown
Frenchtown, MT	59834	530	54	2	Unknown
Gallatin Gateway, MT	59730	531	56	7	Unknown
Glen, MT	59732	532	50	7	Unknown
Grant, MT	59725	533	50	7	Unknown
Grantsdale, MT	59835	534	55	2	Unknown
Greenough, MT	59836	535	54	2	Unknown
Hamilton, MT	59840	536	55	2	Unknown
Harrison, MT	59735	537	52	7	Unknown

City Name	ZIP Code	City Name	CODE	Region	Geo Focus
Haugan, MT	59842	538	53	1	Unknown
Heron, MT	59844	539	57	1	Unknown
Hot Springs, MT	59845	540	57	1	Unknown
Huson, MT	59846	541	54	2	Unknown
Jackson, MT	59736	542	50	7	Unknown
Lakeview, MT	59739	543	50	7	Unknown
Laurin, MT	59749	544	52	7	Unknown
Libby, MT	59923	545	51	1	Unknown
Lima, MT	59739	546	50	7	Unknown
Logan, MT	59741	547	56	7	Unknown
Lolo Hot Springs, MT	59847	549	54	2	Unknown
Lolo, MT	59847	548	54	2	Unknown
Lonepine, MT	59848	550	57	1	Unknown
Manhattan, MT	59741	551	56	7	Unknown
Maudlow, MT	59714	552	56	7	Unknown
McAllister, MT	59740	553	52	7	Unknown
Medicine Springs, MT	59827	554	55	2	Unknown
Milltown, MT	59851	555	54	2	Unknown
Missoula, MT	59801	556	54	2	Unknown
Missoula, MT	59802	556	54	2	Unknown
Missoula, MT	59803	556	54	2	Unknown
Missoula, MT	59804	556	54	2	Unknown
Missoula, MT	59805	556	54	2	Unknown
Missoula, MT	59806	556	54	2	Unknown
Missoula, MT	59807	556	54	2	Unknown
Missoula, MT	59808	556	54	2	Unknown
Missoula, MT	59809	556	54	2	Unknown
Missoula, MT	59810	556	54	2	Unknown
Missoula, MT	59811	556	54	2	Unknown
Missoula, MT	59812	556	54	2	Unknown
Moiese, MT	59824	557	54	2	Unknown
Monida, MT	59739	558	50	7	Unknown
Niarada, MT	59852	559	57	1	Unknown
Norris, MT	59745	560	52	7	Unknown
Noxon, MT	59853	561	57	1	Unknown
Paradise, MT	59856	562	57	1	Unknown
Perma, MT	59859	563	57	1	Unknown
Pinesdale, MT	59841	564	55	2	Unknown
Plains, MT	59859	565	57	1	Unknown
Polaris, MT	59746	566	50	7	Unknown
Pony, MT	59747	567	52	7	Unknown
Potomac, MT	59823	568	54	2	Unknown
Rexford, MT	59930	569	51	1	Unknown
Saint Regis, MT	59866	570	53	1	Unknown
Saltese, MT	59867	571	53	1	Unknown
Seeley Lake, MT	59868	572	54	2	Unknown
Sheridan, MT	59749	573	52	7	Unknown
Silver Star, MT	59751	574	52	7	Unknown
Stevensville, MT	59870	575	55	2	Unknown
Stryker, MT	59933	576	51	1	Unknown
Sula, MT	59871	577	55	2	Unknown
Superior, MT	59872	578	53	1	Unknown

City Name	ZIP Code	City Name	CODE	Region	Geo Focus
Tarkio, MT	59872	579	53	1	Unknown
Thompson Falls, MT	59873	580	57	1	Unknown
Three Forks, MT	59752	581	56	7	Unknown
Trego, MT	59934	582	51	1	Unknown
Trident, MT	59752	583	57	1	Unknown
Trout Creek, MT	59874	584	57	1	Unknown
Troy, MT	59935	585	51	1	Unknown
Twin Bridges, MT	59754	586	52	7	Unknown
Varney, MT	59729	587	52	7	Unknown
Victor, MT	59875	588	55	2	Unknown
Virginia City, MT	59755	589	52	7	Unknown
Waterloo, MT	59759	590	52	7	Unknown
Whitehall	59759	828	52	7	Unknown
West Yellowstone, MT	59758	591	56	7	Unknown
Willow Creek, MT	59760	592	56	7	Unknown
Wisdom, MT	59761	593	50	7	Unknown
Wise River, MT	59762	594	50	7	Unknown
Woodside, MT	59875	595	55	2	Unknown
Yaak, MT	59935	596	51	1	Unknown

NEVADA

City Name	ZIP Code	City Name	CODE	Region	Geo Focus
Arthur, NV	89835	597	60	5	Unknown
Carlin, NV	89822	598	60	5	Unknown
Contact, NV	89825	599	60	5	Unknown
Deeth, NV	89823	600	60	5	Unknown
Denlo, NV	89404	601	61	5	Unknown
Elko, NV	89801	602	60	5	Unknown
Elko, NV	89802	602	60	5	Unknown
Elko, NV	89803	602	60	5	Unknown
Golconda, NV	89414	603	61	5	Unknown
Halleck, NV	89824	604	60	5	Unknown
Jackpot, NV	89825	605	60	5	Unknown
Jarbridge, NV	89826	606	60	5	Unknown
Jiggs, NV	89801	607	60	5	Unknown
Lamoille, NV	89828	608	60	5	Unknown
Lee, NV	89801	609	60	5	Unknown
McDermitt, NV	89421	610	61	5	Unknown
Midas, NV	89414	611	60	5	Unknown
Montello, NV	89830	612	60	5	Unknown
Mountain City, NV	89831	613	60	5	Unknown
Oasis, NV	89835	614	60	5	Unknown
Orovada, NV	89425	615	61	5	Unknown
Owyhee, NV	89832	616	60	5	Unknown
Paradise Valley, NV	89426	617	61	5	Unknown
Ruby Valley, NV	89833	618	60	5	Unknown
Spring Creek, NV	89801	619	60	5	Unknown
Thousand Springs, NV	89835	620	60	5	Unknown
Tuscarora, NV	89834	621	60	5	Unknown
Valmy, NV	89438	622	61	5	Unknown
Wells, NV	89835	623	60	5	Unknown
Wendover, NV	89883	624	60	5	Unknown
West Wendover, NV	89883	625	60	5	Unknown
Winnemucca, NV	89445	626	61	5	Unknown
Winnemucca, NV	89446	626	61	5	Unknown

OREGON

City Name	ZIP Code	City Name	CODE	Region	Geo Focus
Adrian, OR	97901	627	66	3	Unknown
Arock, OR	97902	628	66	3	Unknown
Baker City, OR	97814	629	65	3	Unknown
Basque Station, OR	89421	630	66	3	Unknown
Beulah, OR	97911	631	66	3	Unknown
Bridgeport, OR	97819	632	65	3	Unknown
Brogan, OR	97903	633	66	3	Unknown
Danner, OR	97910	634	66	3	Unknown
Durkee, OR	97905	635	65	3	Unknown
Enterprise, OR	97828	636	67	3	Unknown
Flora, OR	97828	637	67	3	Unknown
Haines, OR	97833	638	65	3	Unknown
Halfway, OR	97834	639	65	3	Unknown
Harper, OR	97906	640	66	3	Unknown
Hereford, OR	97837	641	65	3	Unknown
Homestead, OR	97840	642	65	3	Unknown
Huntington, OR	97907	643	65	3	Unknown
Imnaha, OR	97842	644	67	3	Unknown
Ironside, OR	97908	645	66	3	Unknown
Jamieson, OR	97909	646	66	3	Unknown
Jordan Valley, OR	97910	647	66	3	Unknown
Joseph, OR	97846	648	67	3	Unknown
Juntura, OR	97911	649	66	3	Unknown
Keating, OR	97814	650	65	3	Unknown
Lime, OR	97907	651	65	3	Unknown
Lostine, OR	97857	652	67	3	Unknown
McEwen, OR	97877	653	65	3	Unknown
Medical springs, OR	97814	654	65	3	Unknown
Minam, OR	97885	655	67	3	Unknown
New Bridge, OR	97870	656	65	3	Unknown
Nyssa, OR	97913	657	66	3	Unknown
Ontario, OR	97914	658	66	3	Unknown
Owyhee, OR	97913	659	66	3	Unknown
Oxbow, OR	97840	660	65	3	Unknown
Pine, OR	97834	661	65	3	Unknown
Pleasant Valley, OR	97813	662	65	3	Unknown
Richland, OR	97870	663	65	3	Unknown
Riverside, OR	97917	664	66	3	Unknown
Rome, OR	97910	665	66	3	Unknown
Rye Valley, OR	97907	666	65	3	Unknown
Sumpter, OR	97877	667	65	3	Unknown
Troy, OR	97885	668	67	3	Unknown
Unity, OR	97884	669	65	3	Unknown
Vale, OR	97918	670	66	3	Unknown
Wallowa, OR	97885	671	67	3	Unknown
Weatherby, OR	97905	672	65	3	Unknown
Westfall, OR	97920	673	66	3	Unknown
Whitney, OR	97877	674	65	3	Unknown
Willow Creek, OR	97918	675	66	3	Unknown

UTAH

City Name	ZIP Code	City Name	CODE	Region	Geo Focus
Amalga, UT	84335	676	71	6	Unknown
Avon, UT	83328	677	71	6	Unknown
Bear River City, UT	84301	678	70	6	Unknown
Bothwell, UT	84337	679	70	6	Unknown
Brigham City, UT	84302	680	70	6	Unknown
Cache Junction, UT	84304	681	71	6	Unknown
Clarkston, UT	84305	682	71	6	Unknown
Collinston, UT	84306	683	70	6	Unknown
Corinne, UT	84307	684	70	6	Unknown
Cornish, UT	84308	685	71	6	Unknown
Deweyville, UT	84309	686	70	6	Unknown
Elwood, UT	84337	687	70	6	Unknown
Etna, UT	84313	688	70	6	Unknown
Fielding, UT	84311	689	70	6	Unknown
Garden City, UT	84028	690	72	6	Unknown
Garland, UT	84312	691	70	6	Unknown
Grouse Creek, UT	84313	692	70	6	Unknown
Honeyville, UT	84314	693	70	6	Unknown
Howell, UT	84316	694	70	6	Unknown
Hyde Park, UT	84318	695	71	6	Unknown
Hyrum, UT	84319	696	71	6	Unknown
Laketown, UT	84038	697	72	6	Unknown
Lewiston, UT	84320	698	71	6	Unknown
Logan, UT	84321	699	71	6	Unknown
Logan, UT	84322	699	71	6	Unknown
Logan, UT	84323	699	71	6	Unknown
Logan, UT	84341	699	71	6	Unknown
Lynn, UT	83312	700	70	6	Unknown
Mantua, UT	84324	701	70	6	Unknown
Mendon, UT	84325	702	71	6	Unknown
Milville, UT	84326	703	71	6	Unknown
Newton, UT	84327	704	71	6	Unknown
Paradise, UT	84328	705	71	6	Unknown
Park Valley, UT	84329	706	70	6	Unknown
Penrose, UT	84337	707	70	6	Unknown
Perry, UT	84302	708	70	6	Unknown
Plymouth, UT	84330	709	70	6	Unknown
Portage, UT	84331	710	70	6	Unknown
Promontory, UT	84307	711	70	6	Unknown
Providence, UT	84332	712	71	6	Unknown
Randolph, UT	84064	713	72	6	Unknown
Richmond, UT	84333	714	71	6	Unknown
Riverside, UT	84334	715	70	6	Unknown
Rossette, UT	84329	716	70	6	Unknown
Round Valley, UT	84038	717	72	6	Unknown
Smithfield, UT	84335	718	71	6	Unknown
Snowville, UT	84336	719	70	6	Unknown
Thatcher, UT	84337	720	70	6	Unknown
Tremonton, UT	84337	721	70	6	Unknown

City Name	ZIP Code	City Name	CODE	Region	Geo Focus
Trenton, UT	84338	722	71	6	Unknown
Wellsville, UT	84339	723	71	6	Unknown
Willard, UT	84340	724	70	6	Unknown
Woodruff, UT	84086	725	72	6	Unknown
Yost, UT	83342	726	70	6	Unknown

WASHINGTON

City Name	ZIP Code	City Name	CODE	Region	Geo Focus
Airway Heights, WA	99001	727	77	1	Unknown
Albion, WA	99102	728	78	2	Unknown
Almira, WA	99103	729	78	2	Unknown
Amber, WA	99004	730	77	1	Unknown
Anatone, WA	99401	731	75	2	Unknown
Asotin, WA	99402	732	75	2	Unknown
Belmont, WA	99104	733	78	2	Unknown
Chattaroy, WA	99003	734	77	1	Unknown
Cheney, WA	99004	735	77	1	Unknown
Chewelah, WA	99109	736	76	1	Unknown
Clarkston, WA	99403	737	75	2	Unknown
Colbert, WA	99005	738	77	1	Unknown
Colfax, WA	99111	739	78	2	Unknown
Colton, WA	99113	740	78	2	Unknown
Cusick, WA	99119	741	76	1	Unknown
Deer Park, WA	99006	742	76	1	Unknown
Diamond, WA	99111	743	78	2	Unknown
Dishman, WA	99213	744	77	1	Unknown
Dusty, WA	99143	745	78	2	Unknown
Elberton, WA	99130	746	78	2	Unknown
Elk, WA	99009	747	76	1	Unknown
Endicott, WA	99125	748	78	2	Unknown
Ewan, WA	99127	749	77	1	Unknown
Fairchild AFB, WA	99011	750	77	1	Unknown
Fairfield, WA	99012	751	77	1	Unknown
Farmington, WA	99128	752	78	2	Unknown
Four Lakes, WA	99014	753	77	1	Unknown
Freeman, WA	99015	754	77	1	Unknown
Garfield, WA	99130	755	78	2	Unknown
Greenacres, WA	99016	756	77	1	Unknown
Hay, WA	99136	757	78	2	Unknown
Hayford, WA	99204	758	77	1	Unknown
Hooper, WA	99333	759	78	2	Unknown
Ione, WA	99139	760	76	1	Unknown
Johnson, WA	99163	761	78	2	Unknown
Lacrosse, WA	99143	762	78	2	Unknown
Lamont, WA	99017	763	78	2	Unknown
Latah, WA	99018	764	77	1	Unknown
Liberty Lake, WA	99019	765	77	1	Unknown
Loon Lake, WA	99148	766	77	1	Unknown
Malden, WA	99149	767	78	2	Unknown
Marshall, WA	99020	768	77	1	Unknown
Mean, WA	99021	769	77	1	Unknown
Medical Lake, WA	99022	770	77	1	Unknown
Metaline Falls, WA	99153	772	76	1	Unknown
Metaline, WA	99152	771	76	1	Unknown
Mica, WA	99023	773	77	1	Unknown
Mt. Hope, WA	99012	774	77	1	Unknown
Newman Lake, WA	99025	775	77	1	Unknown

City Name	ZIP Code	City Name	CODE	Region	Geo Focus
Newport, WA	99156	776	76	1	Unknown
Nine Mile Falls, WA	99026	777	77	1	Unknown
Oakesdale, WA	99158	778	78	2	Unknown
Otis Orchards, WA	99027	779	77	1	Unknown
Palouse, WA	99161	780	78	2	Unknown
Pine City, WA	99170	781	78	2	Unknown
Plaza, WA	99028	782	77	1	Unknown
Pomeroy, WA	99347	783	75	2	Unknown
Pullman, WA	99163	784	78	2	Unknown
Pullman, WA	99164	784	78	2	Unknown
Pullman, WA	99165	784	78	2	Unknown
Reardon, WA	99029	785	77	1	Unknown
Rockford, WA	99030	786	77	1	Unknown
Rosalia, WA	99170	787	78	2	Unknown
Saint John, WA	99171	788	78	2	Unknown
Sharon, WA	99203	789	77	1	Unknown
Spangle, WA	99031	790	77	1	Unknown
Spokane, WA	99201	791	77	1	Unknown
Spokane, WA	99202	791	77	1	Unknown
Spokane, WA	99203	791	77	1	Unknown
Spokane, WA	99204	791	77	1	Unknown
Spokane, WA	99205	791	77	1	Unknown
Spokane, WA	99206	791	77	1	Unknown
Spokane, WA	99207	791	77	1	Unknown
Spokane, WA	99208	791	77	1	Unknown
Spokane, WA	99209	791	77	1	Unknown
Spokane, WA	99210	791	77	1	Unknown
Spokane, WA	99211	791	77	1	Unknown
Spokane, WA	99212	791	77	1	Unknown
Spokane, WA	99213	791	77	1	Unknown
Spokane, WA	99214	791	77	1	Unknown
Spokane, WA	99215	791	77	1	Unknown
Spokane, WA	99216	791	77	1	Unknown
Spokane, WA	99217	791	77	1	Unknown
Spokane, WA	99218	791	77	1	Unknown
Spokane, WA	99219	791	77	1	Unknown
Spokane, WA	99220	791	77	1	Unknown
Spokane, WA	99221	791	77	1	Unknown
Spokane, WA	99222	791	77	1	Unknown
Spokane, WA	99223	791	77	1	Unknown
Spokane, WA	99224	791	77	1	Unknown
Spokane, WA	99225	791	77	1	Unknown
Spokane, WA	99226	791	77	1	Unknown
Spokane, WA	99227	791	77	1	Unknown
Spokane, WA	99228	791	77	1	Unknown
Spokane, WA	99251	791	77	1	Unknown
Spokane, WA	99252	791	77	1	Unknown
Spokane, WA	99253	791	77	1	Unknown
Spokane, WA	99254	791	77	1	Unknown
Spokane, WA	99255	791	77	1	Unknown

City Name	ZIP Code	City Name	CODE	Region	Geo Focus
Spokane, WA	99256	791	77	1	Unknown
Spokane, WA	99257	791	77	1	Unknown
Spokane, WA	99258	791	77	1	Unknown
Spokane, WA	99259	791	77	1	Unknown
Spokane, WA	99260	791	77	1	Unknown
Spokane, WA	99291	791	77	1	Unknown
Spokane, WA	99299	791	77	1	Unknown
Steptoe, WA	99174	792	78	2	Unknown
Tekoa, WA	99033	793	78	2	Unknown
Thorton, WA	99176	794	78	2	Unknown
Tyler, WA	99004	795	77	1	Unknown
Uniontown, WA	99179	796	78	2	Unknown
Usk, WA	99180	797	76	1	Unknown
Valleyford, WA	99036	798	77	1	Unknown
Veradale, WA	99037	799	77	1	Unknown
Waverly, WA	99039	800	77	1	Unknown
Wawawai, WA	99113	801	78	2	Unknown
Willada, WA	99171	802	78	2	Unknown
Winona, WA	99125	803	78	2	Unknown

WYOMING

City Name	ZIP Code	City Name	CODE	Region	Geo Focus
Afton, WY	83110	804	80	6	Unknown
Alpine, WY	83128	805	80	6	Unknown
Auburn, WY	83111	806	80	6	Unknown
Bedford, WY	83112	807	80	6	Unknown
Cokeville, WY	83114	808	80	6	Unknown
Diamondville, WY	83116	809	80	6	Unknown
Etna, WY	83118	810	80	6	Unknown
Fairview, WY	83119	811	80	6	Unknown
Freedom, WY	83120	812	80	6	Unknown
Frontier, WY	83121	813	80	6	Unknown
Grover, WY	83122	814	80	6	Unknown
Jackson, WY	83001	815	81	7	Unknown
Jenny Lake, WY	83012	816	81	7	Unknown
Kelly, WY	83011	817	81	7	Unknown
Kemmerer, WY	83101	818	80	6	Unknown
La Barge, WY	83123	819	80	6	Unknown
Moose, WY	83012	820	81	7	Unknown
Moran, WY	83013	821	81	7	Unknown
Opal, WY	83124	822	80	6	Unknown
Sage, WY	82901	823	80	6	Unknown
Smoot, WY	83126	824	80	6	Unknown
Teton Village, WY	83025	825	81	7	Unknown
Thayne, WY	83127	826	80	6	Unknown
Wilson, WY	83014	827	81	7	Unknown

ZIP CODE - BORDER STATES BY ZIP CODE

Last Change Date: 01/20/04

ZIP Code	Code	City Name	County	Region	Geo Focus
59710	502	Alder, MT	52	7	Unknown
59714	507	Belgrade, MT	56	7	Unknown
59714	552	Maudlow, MT	56	7	Unknown
59715	511	Bozeman, MT	56	7	Unknown
59716	509	Big Sky, MT	56	7	Unknown
59716	511	Bozeman, MT	56	7	Unknown
59717	511	Bozeman, MT	56	7	Unknown
59720	513	Cameron, MT	52	7	Unknown
59724	521	Dell, MT	50	7	Unknown
59725	505	Argenta, MT	50	7	Unknown
59725	506	Bannack, MT	50	7	Unknown
59725	522	Dillon, MT	50	7	Unknown
59725	533	Grant, MT	50	7	Unknown
59727	523	Divide, MT	56	7	Unknown
59729	525	Ennis, MT	52	7	Unknown
59729	587	Varney, MT	52	7	Unknown
59730	531	Gallatin Gateway, MT	56	7	Unknown
59732	532	Glen, MT	50	7	Unknown
59735	537	Harrison, MT	52	7	Unknown
59736	542	Jackson, MT	50	7	Unknown
59739	543	Lakeview, MT	50	7	Unknown
59739	546	Lima, MT	50	7	Unknown
59739	558	Monida, MT	50	7	Unknown
59740	553	McAllister, MT	52	7	Unknown
59741	503	Amsterdam, MT	56	7	Unknown
59741	504	Anceney, MT	56	7	Unknown
59741	514	Churchill, MT	56	7	Unknown
59741	547	Logan, MT	56	7	Unknown
59741	551	Manhattan, MT	56	7	Unknown
59745	560	Norris, MT	52	7	Unknown
59746	566	Polaris, MT	50	7	Unknown
59747	567	Pony, MT	52	7	Unknown
59749	544	Laurin, MT	52	7	Unknown
59749	573	Sheridan, MT	52	7	Unknown
59751	574	Silver Star, MT	52	7	Unknown
59752	581	Three Forks, MT	56	7	Unknown
59752	583	Trident, MT	57	1	Unknown
59754	586	Twin Bridges, MT	52	7	Unknown
59755	589	Virginia City, MT	52	7	Unknown
59758	591	West Yellowstone, MT	56	7	Unknown
59759	590	Waterloo, MT	52	7	Unknown
59759	828	Whitehall, MT	52	7	Unknown
59760	592	Willow Creek, MT	56	7	Unknown
59761	593	Wisdom, MT	50	7	Unknown

ZIP Code	Code	City Name	County	Region	Geo Focus
59762	594	Wise River, MT	50	7	Unknown
59771	511	Bozeman, MT	56	7	Unknown
59772	511	Bozeman, MT	56	7	Unknown
59773	511	Bozeman, MT	56	7	Unknown
59801	527	Evaro, MT	54	2	Unknown
59801	556	Missoula, MT	54	2	Unknown
59802	556	Missoula, MT	54	2	Unknown
59803	556	Missoula, MT	54	2	Unknown
59804	556	Missoula, MT	54	2	Unknown
59805	556	Missoula, MT	54	2	Unknown
59806	556	Missoula, MT	54	2	Unknown
59807	556	Missoula, MT	54	2	Unknown
59808	556	Missoula, MT	54	2	Unknown
59809	556	Missoula, MT	54	2	Unknown
59810	556	Missoula, MT	54	2	Unknown
59811	556	Missoula, MT	54	2	Unknown
59812	556	Missoula, MT	54	2	Unknown
59820	501	Alberton, MT	53	1	Unknown
59823	510	Bonner, MT	54	2	Unknown
59823	568	Potomac, MT	54	2	Unknown
59824	557	Moiese, MT	54	2	Unknown
59825	515	Clinton, MT	54	2	Unknown
59826	516	Condon, MT	54	2	Unknown
59827	517	Connor, MT	55	2	Unknown
59827	554	Medicine Springs, MT	55	2	Unknown
59828	518	Corvallis, MT	55	2	Unknown
59829	519	Darby, MT	55	2	Unknown
59830	520	DeBorgia, MT	53	1	Unknown
59831	524	Dixon, MT	57	1	Unknown
59833	528	Florence, MT	55	2	Unknown
59834	530	Frenchtown, MT	54	2	Unknown
59835	534	Grantsdale, MT	55	2	Unknown
59836	535	Greenough, MT	54	2	Unknown
59840	536	Hamilton, MT	55	2	Unknown
59841	564	Pinesdale, MT	55	2	Unknown
59842	538	Haugan, MT	53	1	Unknown
59844	539	Heron, MT	57	1	Unknown
59845	512	Camas, MT	57	1	Unknown
59845	540	Hot Springs, MT	57	1	Unknown
59846	541	Huson, MT	54	2	Unknown
59847	548	Lolo, MT	54	2	Unknown
59847	549	Lolo Hot Springs, MT	54	2	Unknown
59848	550	Lonepine, MT	57	1	Unknown
59851	555	Milltown, MT	54	2	Unknown
59852	559	Niarada, MT	57	1	Unknown
59853	561	Noxon, MT	57	1	Unknown
59856	562	Paradise, MT	57	1	Unknown
59859	563	Perma, MT	57	1	Unknown
59859	565	Plains, MT	57	1	Unknown
59866	570	Saint Regis, MT	53	1	Unknown
59867	571	Saltese, MT	53	1	Unknown
59868	572	Seeley Lake, MT	54	2	Unknown

ZIP Code	Code	City Name	County	Region	Geo Focus
59870	575	Stevensville, MT	55	2	Unknown
59871	577	Sula, MT	55	2	Unknown
59872	578	Superior, MT	53	1	Unknown
59872	579	Tarkio, MT	53	1	Unknown
59873	580	Thompson Falls, MT	57	1	Unknown
59874	508	Belknap, MT	57	1	Unknown
59874	584	Trout Creek, MT	57	1	Unknown
59875	588	Victor, MT	55	2	Unknown
59875	595	Woodside, MT	55	2	Unknown
59917	526	Eureka, MT	51	1	Unknown
59918	529	Fortine, MT	51	1	Unknown
59923	545	Libby, MT	51	1	Unknown
59930	569	Rexford, MT	51	1	Unknown
59933	576	Stryker, MT	51	1	Unknown
59934	582	Trego, MT	51	1	Unknown
59935	585	Troy, MT	51	1	Unknown
59935	596	Yaak, MT	51	1	Unknown
82901	823	Sage, WY	80	6	Unknown
83001	815	Jackson, WY	81	7	Unknown
83011	817	Kelly, WY	81	7	Unknown
83012	816	Jenny Lake, WY	81	7	Unknown
83012	820	Moose, WY	81	7	Unknown
83013	821	Moran, WY	81	7	Unknown
83014	827	Wilson, WY	81	7	Unknown
83025	825	Teton Village, WY	81	7	Unknown
83101	818	Kemmerer, WY	80	6	Unknown
83110	804	Afton, WY	80	6	Unknown
83111	806	Auburn, WY	80	6	Unknown
83112	807	Bedford, WY	80	6	Unknown
83114	808	Cokeville, WY	80	6	Unknown
83116	809	Diamondville, WY	80	6	Unknown
83118	810	Etna, WY	80	6	Unknown
83119	811	Fairview, WY	80	6	Unknown
83120	812	Freedom, WY	80	6	Unknown
83121	813	Frontier, WY	80	6	Unknown
83122	814	Grover, WY	80	6	Unknown
83123	819	La Barge, WY	80	6	Unknown
83124	822	Opal, WY	80	6	Unknown
83126	824	Smoot, WY	80	6	Unknown
83127	826	Thayne, WY	80	6	Unknown
83128	805	Alpine, WY	80	6	Unknown
83312	700	Lynn, UT	70	6	Unknown
83328	677	Avon, UT	71	6	Unknown
83342	726	Yost, UT	70	6	Unknown
84028	690	Garden City, UT	72	6	Unknown
84038	697	Laketown, UT	72	6	Unknown
84038	717	Round Valley, UT	72	6	Unknown
84064	713	Randolph, UT	72	6	Unknown
84086	725	Woodruff, UT	72	6	Unknown
84301	678	Bear River City, UT	70	6	Unknown
84302	680	Brigham City, UT	70	6	Unknown
84302	708	Perry, UT	70	6	Unknown

ZIP Code	Code	City Name	County	Region	Geo Focus
84304	681	Cache Junction, UT	71	6	Unknown
84305	682	Clarkston, UT	71	6	Unknown
84306	683	Collinston, UT	70	6	Unknown
84307	684	Corinne, UT	70	6	Unknown
84307	711	Promontory, UT	70	6	Unknown
84308	685	Cornish, UT	71	6	Unknown
84309	686	Deweyville, UT	70	6	Unknown
84311	689	Fielding, UT	70	6	Unknown
84312	691	Garland, UT	70	6	Unknown
84313	688	Etna, UT	70	6	Unknown
84313	692	Grouse Creek, UT	70	6	Unknown
84314	693	Honeyville, UT	70	6	Unknown
84316	694	Howell, UT	70	6	Unknown
84318	695	Hyde Park, UT	71	6	Unknown
84319	696	Hyrum, UT	71	6	Unknown
84320	698	Lewiston, UT	71	6	Unknown
84321	699	Logan, UT	71	6	Unknown
84322	699	Logan, UT	71	6	Unknown
84323	699	Logan, UT	71	6	Unknown
84324	701	Mantua, UT	70	6	Unknown
84325	702	Mendon, UT	71	6	Unknown
84326	703	Milville, UT	71	6	Unknown
84327	704	Newton, UT	71	6	Unknown
84328	705	Paradise, UT	71	6	Unknown
84329	706	Park Valley, UT	70	6	Unknown
84329	716	Rossette, UT	70	6	Unknown
84330	709	Plymouth, UT	70	6	Unknown
84331	710	Portage, UT	70	6	Unknown
84332	712	Providence, UT	71	6	Unknown
84333	714	Richmond, UT	71	6	Unknown
84334	715	Riverside, UT	70	6	Unknown
84335	676	Amalga, UT	71	6	Unknown
84335	718	Smithfield, UT	71	6	Unknown
84336	719	Snowville, UT	70	6	Unknown
84337	679	Bothwell, UT	70	6	Unknown
84337	687	Elwood, UT	70	6	Unknown
84337	707	Penrose, UT	70	6	Unknown
84337	720	Thatcher, UT	70	6	Unknown
84337	721	Tremonton, UT	70	6	Unknown
84338	722	Trenton, UT	71	6	Unknown
84339	723	Wellsville, UT	71	6	Unknown
84340	724	Willard, UT	70	6	Unknown
84341	699	Logan, UT	71	6	Unknown
89404	601	Denlo, NV	61	5	Unknown
89414	603	Golconda, NV	61	5	Unknown
89414	611	Midas, NV	60	5	Unknown
89421	610	McDermitt, NV	61	5	Unknown
89421	630	Basque Station, OR	66	3	Unknown
89425	615	Orovada, NV	61	5	Unknown
89426	617	Paradise Valley, NV	61	5	Unknown
89438	622	Valmy, NV	61	5	Unknown
89445	626	Winnemucca, NV	61	5	Unknown

ZIP Code	Code	City Name	County	Region	Geo Focus
89446	626	Winnemucca, NV	61	5	Unknown
89801	602	Elko, NV	60	5	Unknown
89801	607	Jiggs, NV	60	5	Unknown
89801	609	Lee, NV	60	5	Unknown
89801	619	Spring Creek, NV	60	5	Unknown
89802	602	Elko, NV	60	5	Unknown
89803	602	Elko, NV	60	5	Unknown
89822	598	Carlin, NV	60	5	Unknown
89823	600	Deeth, NV	60	5	Unknown
89824	604	Halleck, NV	60	5	Unknown
89825	599	Contact, NV	60	5	Unknown
89825	605	Jackpot, NV	60	5	Unknown
89826	606	Jarbridge, NV	60	5	Unknown
89828	608	Lamoille, NV	60	5	Unknown
89830	612	Montello, NV	60	5	Unknown
89831	613	Mountain City, NV	60	5	Unknown
89832	616	Owyhee, NV	60	5	Unknown
89833	618	Ruby Valley, NV	60	5	Unknown
89834	621	Tuscarora, NV	60	5	Unknown
89835	597	Arthur, NV	60	5	Unknown
89835	614	Oasis, NV	60	5	Unknown
89835	620	Thousand Springs, NV	60	5	Unknown
89835	623	Wells, NV	60	5	Unknown
89883	624	Wendover, NV	60	5	Unknown
89883	625	West Wendover, NV	60	5	Unknown
97813	662	Pleasant Valley, OR	65	3	Unknown
97814	629	Baker City, OR	65	3	Unknown
97814	650	Keating, OR	65	3	Unknown
97814	654	Medical springs, OR	65	3	Unknown
97819	632	Bridgeport, OR	65	3	Unknown
97828	636	Enterprise, OR	67	3	Unknown
97828	637	Flora, OR	67	3	Unknown
97833	638	Haines, OR	65	3	Unknown
97834	639	Halfway, OR	65	3	Unknown
97834	661	Pine, OR	65	3	Unknown
97837	641	Hereford, OR	65	3	Unknown
97840	642	Homestead, OR	65	3	Unknown
97840	660	Oxbow, OR	65	3	Unknown
97842	644	Imnaha, OR	67	3	Unknown
97846	648	Joseph, OR	67	3	Unknown
97857	652	Lostine, OR	67	3	Unknown
97870	656	New Bridge, OR	65	3	Unknown
97870	663	Richland, OR	65	3	Unknown
97877	653	McEwen, OR	65	3	Unknown
97877	667	Sumpter, OR	65	3	Unknown
97877	674	Whitney, OR	65	3	Unknown
97884	669	Unity, OR	65	3	Unknown
97885	655	Minam, OR	67	3	Unknown
97885	668	Troy, OR	67	3	Unknown
97885	671	Wallowa, OR	67	3	Unknown
97901	627	Adrian, OR	66	3	Unknown
97902	628	Arock, OR	66	3	Unknown

ZIP Code	Code	City Name	County	Region	Geo Focus
97903	633	Brogan, OR	66	3	Unknown
97905	635	Durkee, OR	65	3	Unknown
97905	672	Weatherby, OR	65	3	Unknown
97906	640	Harper, OR	66	3	Unknown
97907	643	Huntington, OR	65	3	Unknown
97907	651	Lime, OR	65	3	Unknown
97907	666	Rye Valley, OR	65	3	Unknown
97908	645	Ironside, OR	66	3	Unknown
97909	646	Jamieson, OR	66	3	Unknown
97910	634	Danner, OR	66	3	Unknown
97910	647	Jordan Valley, OR	66	3	Unknown
97910	665	Rome, OR	66	3	Unknown
97911	631	Beulah, OR	66	3	Unknown
97911	649	Juntura, OR	66	3	Unknown
97913	657	Nyssa, OR	66	3	Unknown
97913	659	Owyhee, OR	66	3	Unknown
97914	658	Ontario, OR	66	3	Unknown
97917	664	Riverside, OR	66	3	Unknown
97918	670	Vale, OR	66	3	Unknown
97918	675	Willow Creek, OR	66	3	Unknown
97920	673	Westfall, OR	66	3	Unknown
99001	727	Airway Heights, WA	77	1	Unknown
99003	734	Chattaroy, WA	77	1	Unknown
99004	730	Amber, WA	77	1	Unknown
99004	735	Cheney, WA	77	1	Unknown
99004	795	Tyler, WA	77	1	Unknown
99005	738	Colbert, WA	77	1	Unknown
99006	742	Deer Park, WA	76	1	Unknown
99009	747	Elk, WA	76	1	Unknown
99011	750	Fairchild AFB, WA	77	1	Unknown
99012	751	Fairfield, WA	77	1	Unknown
99012	774	Mt. Hope, WA	77	1	Unknown
99014	753	Four Lakes, WA	77	1	Unknown
99015	754	Freeman, WA	77	1	Unknown
99016	756	Greenacres, WA	77	1	Unknown
99017	763	Lamont, WA	78	2	Unknown
99018	764	Latah, WA	77	1	Unknown
99019	765	Liberty Lake, WA	77	1	Unknown
99020	768	Marshall, WA	77	1	Unknown
99021	769	Mean, WA	77	1	Unknown
99022	770	Medical Lake, WA	77	1	Unknown
99023	773	Mica, WA	77	1	Unknown
99025	775	Newman Lake, WA	77	1	Unknown
99026	777	Nine Mile Falls, WA	77	1	Unknown
99027	779	Otis Orchards, WA	77	1	Unknown
99028	782	Plaza, WA	77	1	Unknown
99029	785	Reardon, WA	77	1	Unknown
99030	786	Rockford, WA	77	1	Unknown
99031	790	Spangle, WA	77	1	Unknown
99033	793	Tekoa, WA	78	2	Unknown
99036	798	Valleyford, WA	77	1	Unknown
99037	799	Veradale, WA	77	1	Unknown

ZIP Code	Code	City Name	County	Region	Geo Focus
99039	800	Waverly, WA	77	1	Unknown
99102	728	Albion, WA	78	2	Unknown
99103	729	Almira, WA	78	2	Unknown
99104	733	Belmont, WA	78	2	Unknown
99109	736	Chewelah, WA	76	1	Unknown
99111	739	Colfax, WA	78	2	Unknown
99111	743	Diamond, WA	78	2	Unknown
99113	740	Colton, WA	78	2	Unknown
99113	801	Wawawai, WA	78	2	Unknown
99119	741	Cusick, WA	76	1	Unknown
99125	748	Endicott, WA	78	2	Unknown
99125	803	Winona, WA	78	2	Unknown
99127	749	Ewan, WA	77	1	Unknown
99128	752	Farmington, WA	78	2	Unknown
99130	746	Elberton, WA	78	2	Unknown
99130	755	Garfield, WA	78	2	Unknown
99136	757	Hay, WA	78	2	Unknown
99139	760	Ione, WA	76	1	Unknown
99143	745	Dusty, WA	78	2	Unknown
99143	762	Lacrosse, WA	78	2	Unknown
99148	766	Loon Lake, WA	77	1	Unknown
99149	767	Malden, WA	78	2	Unknown
99152	771	Metaline, WA	76	1	Unknown
99153	772	Metaline Falls, WA	76	1	Unknown
99156	776	Newport, WA	76	1	Unknown
99158	778	Oakesdale, WA	78	2	Unknown
99161	780	Palouse, WA	78	2	Unknown
99163	761	Johnson, WA	78	2	Unknown
99163	784	Pullman, WA	78	2	Unknown
99164	784	Pullman, WA	78	2	Unknown
99165	784	Pullman, WA	78	2	Unknown
99170	781	Pine City, WA	78	2	Unknown
99170	787	Rosalia, WA	78	2	Unknown
99171	788	Saint John, WA	78	2	Unknown
99171	802	Willada, WA	78	2	Unknown
99174	792	Steptoe, WA	78	2	Unknown
99176	794	Thorton, WA	78	2	Unknown
99179	796	Uniontown, WA	78	2	Unknown
99180	797	Usk, WA	76	1	Unknown
99201	791	Spokane, WA	77	1	Unknown
99202	791	Spokane, WA	77	1	Unknown
99203	789	Sharon, WA	77	1	Unknown
99203	791	Spokane, WA	77	1	Unknown
99204	758	Hayford, WA	77	1	Unknown
99204	791	Spokane, WA	77	1	Unknown
99205	791	Spokane, WA	77	1	Unknown
99206	791	Spokane, WA	77	1	Unknown
99207	791	Spokane, WA	77	1	Unknown
99208	791	Spokane, WA	77	1	Unknown
99209	791	Spokane, WA	77	1	Unknown
99210	791	Spokane, WA	77	1	Unknown
99211	791	Spokane, WA	77	1	Unknown

ZIP Code	Code	City Name	County	Region	Geo Focus
99212	791	Spokane, WA	77	1	Unknown
99213	744	Dishman, WA	77	1	Unknown
99213	791	Spokane, WA	77	1	Unknown
99214	791	Spokane, WA	77	1	Unknown
99215	791	Spokane, WA	77	1	Unknown
99216	791	Spokane, WA	77	1	Unknown
99217	791	Spokane, WA	77	1	Unknown
99218	791	Spokane, WA	77	1	Unknown
99219	791	Spokane, WA	77	1	Unknown
99220	791	Spokane, WA	77	1	Unknown
99221	791	Spokane, WA	77	1	Unknown
99222	791	Spokane, WA	77	1	Unknown
99223	791	Spokane, WA	77	1	Unknown
99224	791	Spokane, WA	77	1	Unknown
99225	791	Spokane, WA	77	1	Unknown
99226	791	Spokane, WA	77	1	Unknown
99227	791	Spokane, WA	77	1	Unknown
99228	791	Spokane, WA	77	1	Unknown
99251	791	Spokane, WA	77	1	Unknown
99252	791	Spokane, WA	77	1	Unknown
99253	791	Spokane, WA	77	1	Unknown
99254	791	Spokane, WA	77	1	Unknown
99255	791	Spokane, WA	77	1	Unknown
99256	791	Spokane, WA	77	1	Unknown
99257	791	Spokane, WA	77	1	Unknown
99258	791	Spokane, WA	77	1	Unknown
99259	791	Spokane, WA	77	1	Unknown
99260	791	Spokane, WA	77	1	Unknown
99291	791	Spokane, WA	77	1	Unknown
99299	791	Spokane, WA	77	1	Unknown
99333	759	Hooper, WA	78	2	Unknown
99347	783	Pomeroy, WA	75	2	Unknown
99401	731	Anatone, WA	75	2	Unknown
99402	732	Asotin, WA	75	2	Unknown
99403	737	Clarkston, WA	75	2	Unknown

71	OPEN				
72	<u>Coinsurance day</u>			X	Deleted: OPEN
73	<u>Administrative days</u>			X	

Code	Description	Electronic By Pass	Over Ride	Deny
97	Payment is included in the allowance for another service/procedure.	<u>X</u>	<u>X</u>	
98	OPEN			
99	OPEN			

Deleted: X

A1	Claim denied charges.			X
A2	Contractual adjustment. <i>Note: Inactive for version 004060. Use Code 45 with Group Code 'CO' or use another appropriate specific adjustment code.</i>	<u>X</u>	<u>X</u> -----	
A3	OPEN			